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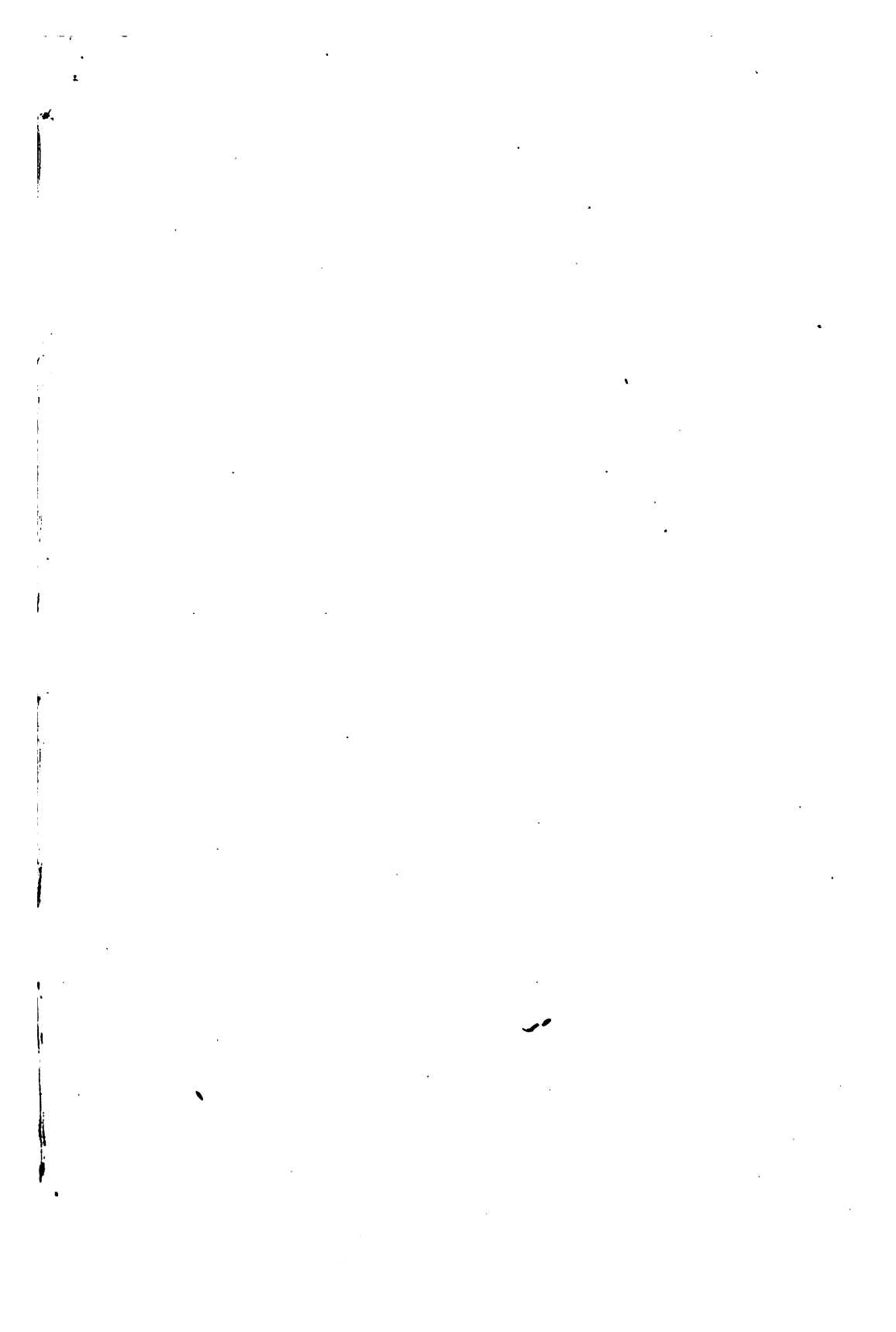
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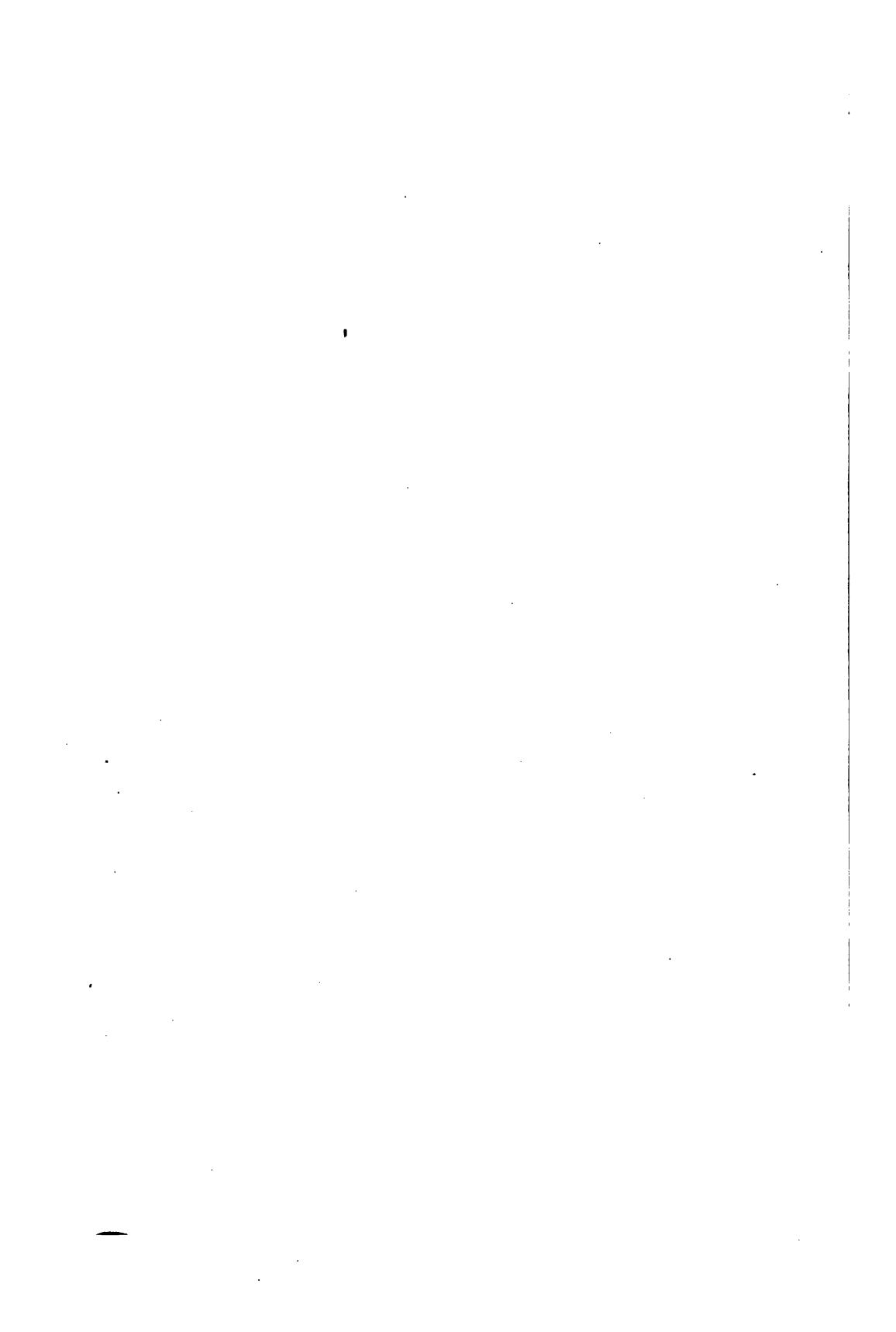
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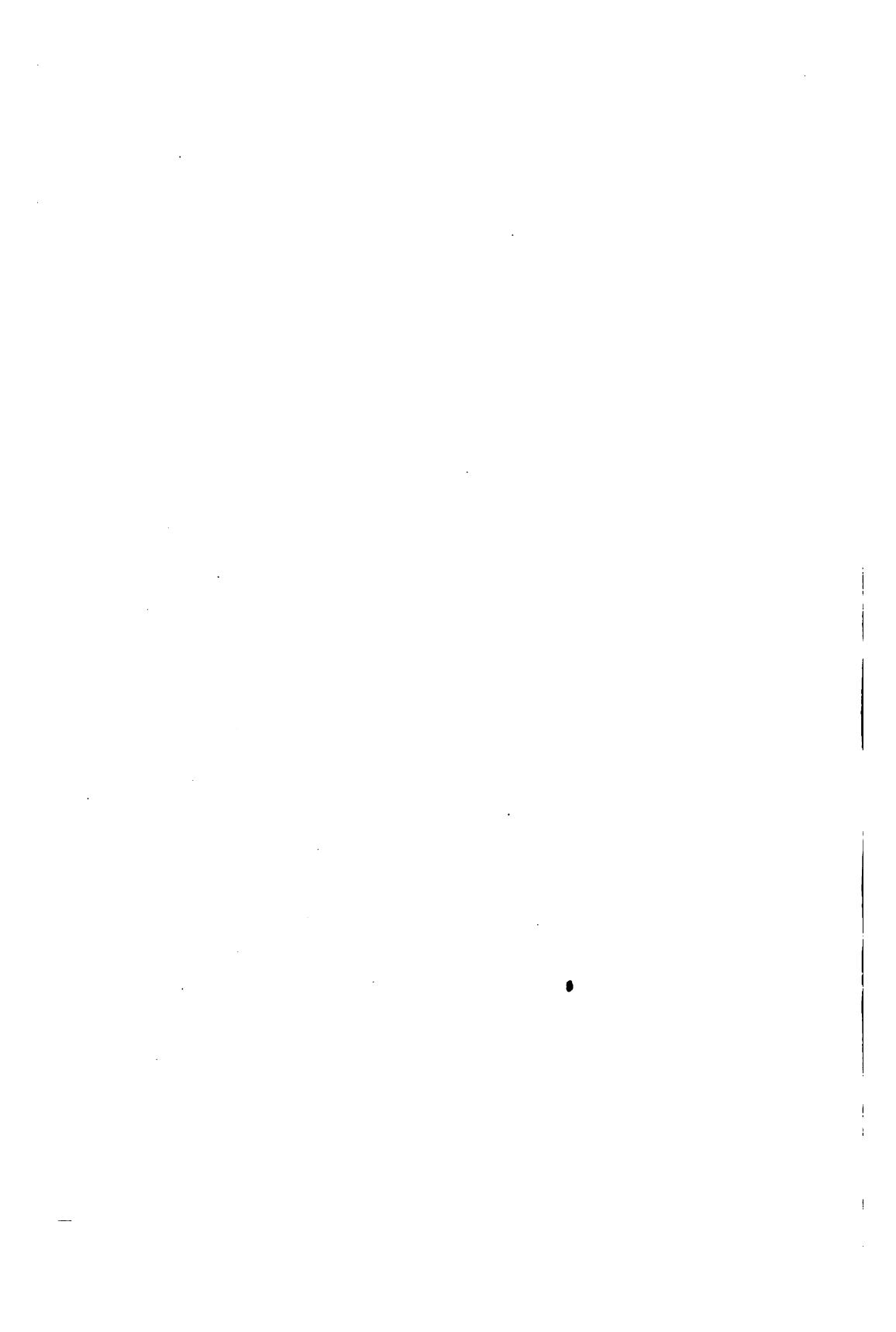
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Original Contributions.

DOUBLE COMEDO.* BY A. H. OHMANN-DUMESNIL, A. M., M. D.,
of St. Louis.

I.

It is a notorious fact that statistics in general and the statistics of skin diseases, in particular, are not only incomplete but, as a general rule, unreliable. In the case of skin diseases, it is well-known that no adequate estimate can be formed of the comparative number of cases of certain affections; and, prominent among these, are to be noted the affections of the sebaceous glands, such as rosacea, acne and comedo. There is but a very small number of such cases treated at all, and of these, only aggravated forms of the trouble, as a general rule, find their way into the hands of specialists; and it is only those especially interested in the subject who keep any statistics of diseases of the skin. On this account, it is particularly difficult to estimate the comparative frequency of comedo and, still more so perhaps, because it is such a common affection. It is now a well settled fact that like acne, it is a very common affection, making its appearance at or about the time of puberty and disappearing spontaneously, when adult life is fully entered into.

In regard to double comedo, all that can be said in respect to its frequency is that it is of comparatively frequent occurrence. Like comedo, it is not seen so often in females as in males, a fact which would seem to argue in favor of the position that the accumulation of extraneous matter exercises some influence in the plugging up of the openings of the sebaceous follicles, as men are much more subject to such influences than women. I have not taken any particular notice of the occurrence of double comedo in women, my attention having been almost entirely limited to

*Read before the Ninth International Congress, 1887.

men. At the St. Louis City Hospital I have found this affection present in about 3.5 per cent. of all the patients, and this after the examination of several hundreds of individuals whose ages ranged from sixteen to sixty-five. These observations were made at various intervals of time, sufficiently far apart to ensure at least a reasonable amount of time to allow of the rotation of a considerable number of the patients. Of course this, in strict truth, is only the percentage in male individuals who are hospital subjects, which is conclusive evidence of the fact that, taking individuals in general, the healthy as well as those not in health, the percentage of cases of double comedo must, without doubt, be still greater. Still, without actual figures to rely upon, it is well-nigh impossible to give an accurate estimate or one of value. But, even admitting that the frequency of occurrence is as low as one per cent, there can be no doubt of the relative importance of this variety of comedo, and its study is a subject which is not only interesting in itself but of sufficient importance to engage the attention of every thinking dermatologist. This is more especially true, as an investigation into its pathology and pathogeny is doubtless, destined to shed some light upon processes occurring in other pathological conditions of the sebaceous glands, and thus, perhaps, add a little more to the meagre stock of information which we possess upon this subject.

It has been a matter of surprise to me that this variety of comedo remained undescribed until I published two preliminary notes on the subject in the *Journal of Cutaneous and Venereal Diseases*, for February and July, 1886. After that a number of dermatologists observed this condition, and some told me subsequently that they had observed it prior to my publication, but had paid no especial attention to the fact. Without desiring to impugn the motives of these gentlemen in the least, I must confess that I cannot understand this, as the very first observation made by me gave rise to quite a number of mental inquiries in regard to this variation of comedo, and excited such an interest that I regarded the fact as one worthy of record; and I understand that others have begun to study the subject, in order to elucidate it more fully and completely.

It may, perhaps, not be out of place to give a short description of this affection, which, while it may not claim the honor of being a distinct disease, is at least entitled to the position of a

variation, and a marked one too, from the typical form of a very common affection of the sebaceous glands. The appearance of double comedo, in general, is that of comedo, so far as individual lesions are concerned. We find, however, that there are *two* black points, situated near to each other, at a distance of from one to three lines, or perhaps a trifle more. The two points form a distinct pair, and, to the practiced eye, are easily recognized as forming a double comedo. Between these two points the skin is normal in appearance, with the exception of one thing, viz.: It appears to be more or less elevated, and to shade gradually, from its lateral aspect, into the normal skin (Fig. 1).



Fig. 1.

That is, the appearance presented is that which we might suppose would be produced were a cylinder, of the calibre of an ordinary pin or a little larger, and of a length equal to that between the points, introduced beneath the skin. Upon passing the hand over this portion of skin, this slight elevation can be distinctly perceived. Both points are markedly blackened, and may be situated on a level with the surrounding skin, or they may be slightly raised up with it and produce small papular elevations, or be very slightly elevated above the general plane of the cutaneous surface, thus giving the nutmeg-grater sensation which is sometimes observed in comedo. If lateral pressure be exercised over one of the black points, by means of a spatula or of some similar instrument, a plug will be forced out whose shape is cylindrical and which has a blackened end at each extremity (Fig. 2). The length of this plug corresponds to the



Fig. 2.

distance between the two black points observed before its expulsion. If we now take a pin or piece of wire, it can be easily introduced at one orifice and be caused to protrude at the other, thus demonstrating that there exists a horizontal canal (Fig. 3).

This canal is one whose shape is slightly curved, but not sufficiently so to prevent the easy introduction of a probe such as



Fig. 3.

mentioned above, even if the instrument be straight, although greater ease of introduction is obtained by giving the instrument a slight curve, corresponding to that of the canal.

In this connection, I wish to mention that I have met further modifications of this condition. There are cases in which are found not only two but *three* and even *four* comedones communicating with one another in the same manner, and a probe can be passed through any two without any difficulty, thus showing the connection existing between the various openings (Fig. 4).



Fig. 4.

These forms might properly be designated as *multiple comedones*. Any attempt made to express the contents of any one of these varieties results either in the form of a portion of a plug, pigmented at one extremity, or of one colored at both ends. This, of course, would be naturally expected, when we consider the conditions which are present. Owing to certain unavoidable circumstances I have not been enabled to remove the portion of skin, included by the blackened points, or I might have had an opportunity of removing the underlying sebaceous mass entire. There is no doubt in my mind, however, that the condition which is present is one in which there are three or more plugs having a common center and blackened, each one at its extremity (Fig. 5),



Fig. 5, enlarged.

and consequently of a more or less digitated form. The reason for this conclusion will be developed later on.

Double comedo occurs wherever we find comedo and this is, in general terms, limited to the face, the neck and the shoulders, the back being also the seat of the disease. The principal localities affected by double comedo, in my experience, are that portion of the integument of the face, which is located over the malar eminences, or directly below them. I have never observed any upon the forehead or chin. The posterior and lateral aspects of the neck are frequently affected, more so, in fact, than other portions of the cervical area. The upper portions of the shoulders and the skin over the scapulæ are the parts of the back more frequently the seat of double comedo, although I have seen cases where the trouble was irregularly distributed over the entire dorsal aspect of the trunk. A careful examination has revealed the presence of this affection upon the chest, in but a few cases. The number is so small that its location here may be considered as being rather unusual. I have also observed it in the ears, but its location in this site is rather exceptional, as also upon the nose. I may here state, parenthetically, that the number of double comedones, in comparison with that of single ones, in any individual, is excessively small. Yet, I have seen cases in which there seemed to be no other form than the double, and this was present in large numbers.

The size of the openings of the glands in double comedo varies to some extent. The holes are often larger than an ordinary sized pin; while, at times, they are exceedingly small, so small that it is with difficulty that the wire employed for keeping fine, hypodermic syringe needles clean, can scarcely be introduced. In this fine form the bridge of intervening skin is of a marked degree of thinness, and the dark points, showing the openings of the ducts, are quite closely approximated, the distance between them being a line or even less.

The Southern Surgical and Gynæeological Association organized permanently in Birmingham, Ala., on Oct. 12th. This association includes all the Southern States in its territory. Its meetings are to be held on the second Tuesday of September of each year. The following are the officers: Dr W. D. Haggard, of Nashville, Tenn., President; Drs. R. D. Webb and J. W. Sears, of Birmingham, Ala., Vice-Presidents; Dr. W. E. B. Davis, of Birmingham, Ala., Secretary; and Dr. A. P. Cochrane, of Birmingham, Ala., Treasurer.

KARYOKINESIS.—A BRIEF HISTORICAL AND HISTOLOGICAL EXPLANATION OF THE PHENOMENON. BY FRANK L. JAMES, PH. D., M., D. of St. Louis.

From time to time during the past three or four years, in pursuance of editorial work, I have had occasion to refer to *karyokinesis*, usually in the course of some pathological "item," and almost every time that the word was used in the JOURNAL the mails brought me letters from otherwise well-posted correspondents asking for a definition of the term. As the word is not to be found in any of the medical or other lexicons, even of a quite recent date, there is a comparatively good excuse for this ignorance—which unfortunately is not always the case in queries submitted to the editors of scientific journals. By far the greater portion of such questions might be solved by the correspondent himself with merely the labor of looking into any good lexicon or encyclopædia of medicine or general knowledge.

The term *karyokinesis*, or *caryocinesis*, as it is sometimes spelled, was introduced by W. Schleicher, in 1878, in an article entitled *Die Knorpelzelltheilung* (i. e. division of the cartilage cell), which appeared in the *Arch. fuer mik. Anatomie*, vol. 16. It was bestowed by the author upon what had hitherto been termed "the indirect method of cell division," and was intended to cover all metamorphoses occurring in the process. As stated in a former note on the subject (*ST. LOUIS MEDICAL AND SURGICAL JOURNAL* for December, 1887, vol. LIII, p. 356), the word is derived from the Greek *karuon* (a kernel or nucleus) and *kynésis* (a movement, or flowing). The exact histological definition of the term, regardless of the original significance is, as at present understood "the separation or division of a nucleated cell into two (or more) similar cells, in the course of which process a metamorphosis of the original nucleus takes place." This is the definition of Flemming, somewhat extended and particularized by myself (see Flemming's *Zellsubstanz, Kern und Zelltheilung*, p. 194). This metamorphosis consists of, or rather is exemplified by, the construction of certain thread-like patterns seeming to proceed from the nucleus, and in the present state of our knowledge, supposed to consist of the nuclear substance. These are the *karyokinetic figures*. Each of them consists of two parts, the *chromatic figure*, which gathers to itself the chromatin (the

coloring matter) of the structure and nucleoles of the nucleus, and the *achromatic figure*, which is colorless and consists of far more attenuated or delicate threads than the former.

The process of karyokinesis has been divided by writers on the subject, into certain distinct periods or stages, but this division is solely for convenience, and necessarily artificial, since each stage glides into the next by such imperceptible advances that it would be impossible to say where one leaves off and another begins. In the *schema* of metamorphoses which follows I have adopted the nomenclature of Eternod for these different periods, as found in his *Guide technique du Laboratoire d'Histologie normale* (Geneva, 1886), adding the German equivalents.

SCHEMA OF KARYOKINESIS.

1. PERIOD OF REPOSE, (*période de repos—Mutterkern, Ruhe*)—in which the cell exists. It is most frequently sedentary and hence of a definite form, constant for each tissue.

2. PERIOD OF THE PRIMARY NODE (*période du peloton primaire, —knäuelform—spirem*). At points on the periphery of the nucleus, the nuclein condenses and forms a slight protuberance which is found to consist of a thread-like process folded on itself. The nucleole disappears, the protoplasm returns to the globular or embryonary condition. The microsomes arrange themselves opposite each other and form two radiating figures, which may be considered as cellular poles. In some rare cases this orientation or arrangement seems to extend to the entire protoplasmic matter. The poles thus formed persist, without marked change, during the ensuing phases.

3. PERIOD OF PRIMARY STARS (*étoiles mères,—Sternform, Aster*). Each nuclein filament separates at its longitudinal centre, forming two distinct segments, each of which usually turns its free ends towards the periphery, and its convexity toward the centre of the nucleus, thus forming a radiating figure. Sometimes this process of division of the filament assumes such shape that it has been erected into a separate period or stage. In this the filaments arrange themselves like a crown, and the period has hence been called by some writers the "period of the crown." Occasionally also the filaments assume a sigmoid form, or that of an undulating line.

4. PERIOD OF THE EQUATORIAL PLAQUE (*plaque équatoriale,—*

Æquatorialplatte—Metakinesis). The free ends of the nuclear segments direct themselves toward the equator of the cellule and form a radiating wheel which divide the nucleus into two hemispheres, equal or nearly so. This movement is called *systole*. It is followed by a return on the part of the filaments to the stellate form, or *diastole*. These systoles and diastoles are repeated several times, the condition of systole finally terminating the process. At this moment we begin to see clearly another kind of filament, stretching in a spindle-form bundle from one of the poles to the other. In staining, these filaments remain colorless (the achromatic filaments) while the nuclear filaments take on the stain. Up to this moment the nucleus has seemed to have but one central point; but now we see a tendency of matters to arrange themselves around two points, which latter gradually draw away from each other, each in the direction of the cellular pole nearest it. As soon as these centres are well defined we see the nuclear segments arranging themselves into two groups which also shift in the direction of their respective poles. The achromatic filaments remain, meanwhile, intact. From this moment forward, the phenomena transpiring around each of these centres, will be simply a repetition of what has already transpired, but with this important change—the order of the steps is exactly reversed.

5. PERIOD OF SECONDARY STARS (*étoiles filles—Sternform, Diaster*). As soon as the new centres are sufficiently separated the two new groups of chromatic filaments organize themselves in stellate forms around each group centre. I forgot to mention that occasionally in the 4th phase at the moment of the appearance of the achromatic filaments, the chromatic threads appear as though their outline or contour were doubled. When this is the case the phenomenon (which has as yet met with no explanation) vanishes in this (5th) stage, and the filaments assume their former appearance so far as outline is concerned. This entire phase is a repetition in reverse order of the 3rd period.

6. PERIOD OF SECONDARY NODES (*pelotons secondaires—Knaueelform—Dispirem*). Repetition in reverse order of the second phase. The protoplasm, up to this time indifferent to the changes going on in the nucleus, now commences to narrow itself in the equatorial region, or to assume a dumb-bell or biscuit form. The achro-

matic filaments remain visible. Sometimes the nucleole makes a reappearance.

7. SECONDARY PERIOD OF REPOSE (*Tochterkerne-Ruhe*).—Repetition of the first, in reverse order. The protoplasm becomes more and more narrowed in the middle and finally the halves separate and we have at length two cells instead of one, in each of which the microsomes resume their apparently irregular disposition.

Such in brief, is the history of the indirect multiplication of cells—karyokinesis. In some rare cases, instead of two, three, or even more cells, are the result, the entire process going on in triplicate or multiply instead of duplicate. Flemming declares that he has never seen more than two, but does not doubt that multiple division by karyokinesis does occur, as it has been observed by Eberth and Martin.

The series of phenomena thus outlined have been observed not only in the entire range of animal, but of vegetable life as well. During the entire process the metamorphoses occur in a very limited zone, which remains clearer and more transparent than the balance of the cell, and corresponds as nearly as possible to the site of the original nucleus.

It is scarcely necessary to state that the phenomena do not always occur exactly as described, but that occasionally one or another of the phases or features of a phase may be wanting, or *apparently* so, since we must remember the imperfection of our methods of study must be taken into consideration in such cases; and further, as has been pointed out by Flemming, Mayzell, Bizzozero, Eternod, and indeed all who have written on or studied the subject, no one phenomenon taken of, or by, itself seems to be absolutely essential to the process. I believe that it can also be asserted with a considerable degree of certainty that the entirety of the series, and completeness of each stage of the metamorphoses, depend largely upon the quantity of chromatin present in the cell, which in turn, depends upon its state of nutrition.

Karyokinesis is also now called in to explain the formation of multinucleated cells, it having been observed in certain instances that the protoplasm remains inactive, and while the entire series of phenomena may proceed to completion in the nucleus, there

is no final cell division—the result being at first a double, and later a polynucleated cell.

METHODS OF STUDY.

As remarked above, karyokinesis has been observed throughout almost the entire range of plant and animal life, and since special methods of technique are required for many of these, it would manifestly be out of place here to consider them in detail. They may be found however, in Flemming's work, in chapters especially devoted to this purpose. I shall therefore give at present that method by which I have obtained the best results in studying the cells of the liver, kidneys, salivary glands, pancreas, etc. It is Bizzozero's modification of Flemming's and Gram's methods and is especially valuable because alcohol may be used as the primary hardening medium, and as every microscopist knows ninety-nine per cent. of all material of this sort sent from a distance for examination, is sent in alcohol. The method is as follows:

The object, sufficiently hardened, is removed from the alcohol and sectioned in the usual manner, and the sections, after being freed from embedding material, are placed for 10 minutes in Ehrlich's gentian violet solution (gentian violet 6 grains, alcohol 90 minims, oil of anilin 18 minims, distilled water, one ounce). Remove, wash in dilute alcohol and transfer to a solution of 1 part of chromic acid to 1000 parts of distilled water. Here they are left from 30 to 45 seconds, at the expiration of which time they are transferred to absolute alcohol for a like period. This removes considerable of the color, and in order to fix the residue in the figures, it is well to repeat both baths—the chromic acid and the absolute alcohol, after which they are placed in oil of cloves, which still further reduces the color. Bizzozero says that he uses oil of cloves at this stage because he has found that while exerting its full bleaching properties upon the balance of the matter, it has much less effect upon the nucleus in the process of fission than upon the same part in repose. He therefore prefers it to alcohol, at *this stage*, which acts upon both kinds of nuclei alike.

In this method Bizzozero has substituted Ehrlich's fluid for Gram's iodo-iodine solution. Sometimes a better result is obtained when both fluids are used—the procedure being as follows: The

section is left for 5 or 10 minutes in Ehrlich's fluid; washed for 5 seconds in absolute alcohol, removed to the iodo-iodide solution (iodide of potassium 10 parts, distilled water 1000 parts, dissolve and add 10 parts resublimed iodine), and left 2 minutes. Thence into the chromic acid solution for 20 seconds; thence for 30 seconds into absolute alcohol; thence into oil of cloves, which should be frequently renewed until the section shows only a slight trace of color. Mount in clarified damar. (See Elementary Microscopical Technology, p. 75).

Preparations that have been hardened in chromic acid, or in the chrom-osmic-acetic fluid of Flemming, will stain readily by either of these methods if they are well washed in alcohol as soon as removed from the former fluids. In SPECIAL MICROSCOPICAL TECHNOLOGY I shall give methods for studying karyokinesis in living material. Finally, I would say that in animals slowly poisoned with cantharides the kidneys will be found to display karyokinetic figures in great perfection.

EXPLANATION OF FIGURES.

The accompanying figures are entirely diagrammatic, and are intended simply to elucidate the process of metamorphosis occurring in the various periods as described above.

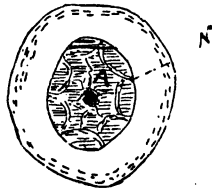


Fig. 6. *Period of Repose.* A, Nucleus; N, Nucleole.

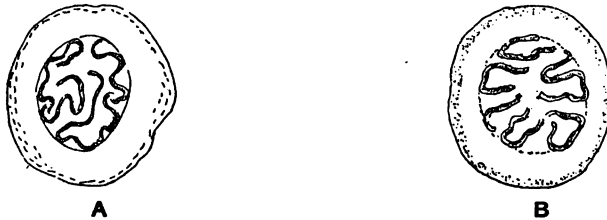


Fig. 7 *Period of Primary Thread.* A, Thread developed; B, the same, process of segmentation begun.



Fig. 8. *Period of Primary Stars.* A, stellate arrangement of segments; B, arrangement *en couronne*.

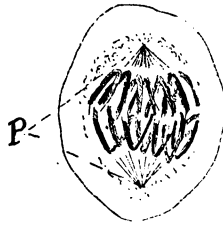


Fig. 9. *Equatorial Plaque.* P, Cellular poles, from which are seen radiating the achromatic filaments. These are drawn far heavier than they ever appear under the microscope.



Fig. 10. *Period of Secondary Stars. (Etoiles filles).* PP, cellular poles, the achromatic filaments still visible. The shape of the cell is sensibly elongated and slightly indented, the indentation growing more marked in the succeeding stages until final separation of the protoplasm occurs.

1888].

Correspondence.

PARAFFIN MOLLIS.—MOLLIN; A CORRECTION CORRECTED.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

In the JOURNAL for October last, p. 247, in the course of an article on a new local treatment for skin diseases, there is a prescription, one of the ingredients of which is *paraffin mollis*. This ingredient (so-called) neither our prescription druggists nor the chemists to whom we applied knew anything about. I wrote to you for information and received the rather sharp answer that it was just what the interpretation of the words would suggest, to-wit: soft paraffin. But no one here ever heard of such a substance. Finally, after trying several wholesale drug houses with no better success, it was obtained from Lehn & Fink, of New York. It is manufactured by Th. Ganz, of Leipzig, Germany and is called "Mollin" and *has no paraffin in it*.

I write this in all good nature, and simply to correct what is misleading and untrue.

Very truly yours,

M. A. BOGIE, M. D.

Kansas City, Mo., Dec. 14th, 1887.

ANSWER.

We sincerely regret that our letter to Dr. Bogie should have appeared curt or sharp, and can assure him that it was not so intended. We also regret that he should have been put to so much trouble to get at the facts stated in his communication, concerning "Mollin."

The word "paraffin," like some other of the coal tar and coal products (benzin, benzol, etc.), is used in Europe as a generic appellation for a series of products, for many of which we, in America, have especial names. Some of these latter were or-

iginally proprietary or trade-mark names, which afterward became common property, or grew to be so well known as to cease to represent any particular brand or manufacture. Such, for instance, were "cosmoline," "vaselin," etc. In England, the illuminating oil called by us kerosene, or coal oil, is called paraffin oil, and a "kerosene lamp" is a "paraffin lamp."

Chemically, a paraffin is a hydro-carbon, having the formula, $C_n H_{2n+2}$, and hence any of the series wherein there are twice as many atoms of hydrogen, plus 2, as there are of carbon, is a true paraffin. Thus *methane*, or marsh gas, is $C H_4$; *ethane* is $C_2 H_6$; *propane* is $C_3 H_8$; *butane* is $C_4 H_{10}$. These are the gaseous paraffins. Normal *pentane*, or ethyl-propyl, $C_5 H_{12}$, is the lightest of the paraffin fluids, having a specific gravity of only 0.6, and boiling at 98.6° F. and from this fluid, up to the heavy, hard, brilliant, white substance, which is the only "paraffin" known to the laity, there is a regular series, each containing one atom of carbon and two of hydrogen more than the one immediately below it. American petroleum is little else than a mixture of these paraffins, the heavier dissolved in the lighter, and hence we may say that the substance, indifferently known as "cosmoline," "vaselin" and *petrolatum* (the latter being the officinal name) is simply a mixture of paraffins approaching more or less closely to absolute purity. Officinal petrolatum is of two grades, *petrolatum durum* and *petrolatum molle*, the latter having a softer consistency and lower melting point than the former. In England and on the Continent the word *paraffin* is usually written instead of *petrolatum*, and hence the *paraffin mollis*, so long and earnestly sought for by our correspondent and the Kansas City "chemists" and druggists was probably within an arm's length of them all the time—nothing more nor less than soft vaselin. Of course we do not blame Dr. Bogie for not knowing these facts, but the "chemists" and "druggists" who are ignorant of them should be looked after by the State Board of Pharmacy. They (the facts, not the chemists and druggists) are to be found in any comparatively late elementary school chemistry, in any late work on pharmacy or materia medica, and probably in every recent pharmacopœia and dispensatory.

As to "Mollin," manufactured by Ganz, of Leipzig, and furnished by Lehn & Fink, it is a soap which comes in two or three grades of hardness, the general formula for which may be said

to be as follows: glycerin 30 parts, lye 40 parts, and fat 100 parts. It is a most excellent vehicle for mercury in certain cases.

THE LANGUAGE OF TWINS.—A QUESTION FOR PHILOLOGISTS.

TO THE EDITORS OF THE ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

Having frequently observed that twin children, if both live and are kept together, do not learn to speak and use words that can be understood as readily as other children, but on the contrary they almost always can understand each other; and, being satisfied that there is really something more than a mere coincidence in it, and having seen nothing in medical literature on the subject, I mention the subject to you as a sort of *caveat*. I am acquainted with a couple of twin boys, seven years old, that can understand each other, and although it is impossible for their parents or any other person to understand one word that they say, they make their language intelligible to each other. I also know of twin girls, sixteen years old, that can talk to each other, and to another person their language would convey as little meaning as the ancient Hebrew would to a person who had never learned that language, although the young ladies mentioned can use a great many words common to the English language in talking with other people, but in conversation with each other they use a language of their own invention and peculiar to themselves.

In each of the cases referred to I recommended the separation of the children so that necessity, the mother of invention, would cause them to use the language of the persons that they come in contact and association with.

Hoping to hear the experience of other members of the medical profession, in regard to this subject, and that investigation will bring to light more definite conclusions, I will submit the matter to the consideration of the profession.

Yours very truly,

W. H. S. CRABB, M. D.

White River, Ohio Co., Ky., Nov. 12, 1887.

Jan.,

Editorial Department.

FRANK L. JAMES, PH. D., M. D., and A. H. OHMANN-DUMESNIL,
A. M., M. D., Editors.

FRANK M. RUMBOLD, M. D., Business Manager.

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All communications should be addressed to Box 626, St. Louis,
Mo.

THE JOURNAL FOR 1888.

After wishing the Compliments of the Season and a Happy New Year to our friends, advertisers, contributors and subscribers, individually and collectively, the Editors and Proprietors of the JOURNAL desire to return to them, one and all, our sincere thanks for the hearty and generous support accorded us during the year just brought to a close, and to solicit a continuance of the same during that which we have just entered.

In so doing we desire to renew our promises of the past, and to pledge our best endeavors to fulfill them in a manner which shall conduce to the best interests of all concerned—in short, to make the JOURNAL all that its most ardent friends and well-wishers desire that it should be.

To this end no labor or expense will be spared on our part. While maintaining to the best of our ability the standard of excellence and the scientific character of our matter, we shall not neglect THE PRACTICAL in medicine and surgery; and in this we

earnestly beg the assistance of our readers, urging them to contribute as often as they can, short clinical reports, therapeutic notes, cases from practice illustrative of new (or old) methods in medicine or surgery which they have found good and helpful.

All contributions will be LIBERALLY ILLUSTRATED by us whenever illustrations will conduce to the elucidation of the text. Photographs, drawings or sketches accompanying the articles will be reproduced, and in those cases, where the writers are unable to make or procure these, we will endeavor to supply the deficiency if requested to do so.

To STUDENTS OF MEDICINE, attending college, the JOURNAL offers peculiar advantages, its departments of Dermatology, Microscopy and Ophthalmology giving them information in these specialties not found in most medical journals. THE JOURNAL is furnished to all students at the merely nominal rate of one dollar *per annum*, one copy being furnished gratis to the student sending us five names of *bona fide* students, with \$5.00

For other clubbing rates, etc., we would refer the reader to the advertising pages or to Dr. F. M. Rumbold, Business Manager, 620 Olive St., or P. O. Box 626.

PHYSICIANS' FEES.

We note that a number of medical journals published in different portions of the country have recently had editorial paragraphs lamenting the demoralizing effects on the honorarium of physicians exerted by medical colleges in cities where these exist in any number. In most of these articles St. Louis is made to play the part of the terrible example—the drunken man at the temperance lecture. In a recent number of the *Medical Age*, for instance, we are gravely told that in St. Louis, “it is alleged that reputable physicians are obliged to reduce their fees to keep their patients, and twenty-five cents for a prescription written in the office, and fifty for a visit to the home of the patient are not unusual charges.” Who alleges it? We would like to find the author of the statement, and learn from him the names of some of the

"reputable St. Louis physicians" who have been reduced to any such condition, in order that a subscription list be started for their benefit. We have no doubt that each of the Colleges would subscribe liberally thereto—providing that the fund be utilized in moving such "reputable physicians" out of the city, or in putting them to work at some trade for which they are fitted—for surely they are not fitted for a profession. We hold with our neighbor of Peoria (the *Medical Monthly* of that city, we think it was) who suggested that the physician who is willing to visit for fifty cents or give an office prescription for twenty-five, probably gets all that he is worth.

After diligent inquiry among our brethren of St. Louis, we have been able to find none who would admit that they had ever been reduced to the category alluded to, although many said that "business" was dull, and that they had a hard time in making both ends meet.

CONGRESS FOR THE INVESTIGATION OF TUBERCULOSIS.

We have received from the Secretary-General, Dr. Petit, a circular which it is desired to bring to the attention of American physicians and veterinarians, and of which the following is a translation:

A Congress of physicians and veterinarians, having for its object the study of tuberculosis in man and the lower animals, will assemble at the rooms of the Faculty of Medicine, in Paris, on the 31st of July, 1888. This Congress is organized by a committee composed of the following.

President, Professor Chauveau, Member of the Institute.

Vice-President, Professor Villemin, Member of the Académie de Médecine.

Secretary-General, Dr. L. H. Petit, Librarian of the Faculty.

Treasurer, G. Masson.

Members, M. M. Bartel, Veterinarian at Meaux, Vice-President of the Society of Practical Veterinary Medicine; Nocart, Director of the Veterinary School at Alfort; Rossignol, Veterinarian at Melun, Secretary of the Society of Practical Veterinary Medicine; Cornil; Grancher; Lannelongue; Verneuil, Professor of the Faculty of Medicine of Paris.

The questions to be discussed will be of two kinds, viz: those proposed in advance by the Committee of Organization, and the others freely chosen by the members, but bearing on tuberculosis.

A day will be devoted to anatomical demonstrations at the laboratory of M. Cornil, Professor of Pathological Anatomy, of the Faculty.

Another will be assigned to examinations and autopsies of tuberculous animals, at the School at Alfort.

All physicians and veterinarians who may so desire can inscribe their names with the Secretary in advance (by post), and on the payment of ten (10) francs (\$1.90) become members, of the Congress. This subscription entitles the member to a copy of the proceedings (*comptes rendus*) of the Congress.

The sittings will be public, and all papers and discussions will be in the French language. Further regulations and details will be published hereafter.

The following are the questions proposed by the Committee for consideration:

1. The dangers arising from the use of the flesh and the milk of tuberculous animals, and of the methods of avoiding and preventing the same.
2. The comparative aptitude of the various races of man, and species of animals, to tuberculosis, and of organic media for the transportation or communication of the disease.
3. Methods of introduction of tuberculous virus into the animal economy, and the propagation of the same therein; also, prophylaxis against the same.
4. Of the early diagnosis of tuberculosis in man and animals.

While these questions will take priority in the order of business, every member of the Congress will have the privilege of propounding a certain number of questions, and the Committee desire to suggest the following for especial attention:

Heredity of tuberculosis in man and animals.

Contagiosity of the disease from man to man; from animal to animal of the same, or different, species or genera; and from man to animals, and vice-versa.

Different methods of the evolution of experimental tubercu-

losis, according to the quantity and quality of the inoculated virus.

Variations of tuberculous manifestations in the different species of animals.

Means of differentiation of the lesions caused by the bacillus of Koch, from inflammations and granulations due to other microbes (zoöglea, bacteria of the contagious pneumonia of swine, aspergillus, etc.), animal parasites and foreign bodies.

Tuberculous lesions complicated with other microbial lesions.

Method of formation of giant cells and tuberculous colonies.

Evolution of localized tuberculosis.

Agents destructive to the bacillus of Koch.

Local and general measures capable of arresting experimental tuberculosis.

Value of surgical therapeutics in tuberculous affections.

Subscriptions are to be addressed to M. G. Masson, Treasurer, No. 120 Boulevard St. Germain. All other communications relative to the Congress should be sent to M. le docteur Petit Secrétaire Général, No. 11 rue Monge, Paris.



The Antipyrine Patents in France.—In a discussion of antipyrine at the Société de Therapeutique (séance of October 26th, last) after M. Boquillon had stated that in the preparation of antipyrin certain isomers totally different from that drug in chemical, physical and therapeutic action were apt to be formed, M. Delpesch bitterly attacked the patents which had been allowed to cover the manufacture, and which virtually made antipyrine a German monopoly. This feeling seemed to be shared by a number of other members, and it would not be surprising to see the patents work in France. While granting the great value of the drug, we must confess that we cannot understand how American journals, too straight-laced to allow the manufacturers of a respectable proprietary medicine, to defend themselves against slanders in their columns, yet give page after page of eulogistic encomia of a patent medicine in the strictest sense of the word.

1888].

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., of St. Louis, Mo.

Clinical Technology.—Not wishing to give our readers a surfeit of matters microscopical, we have substituted the article on Karyokinesis (found elsewhere) for the regular monthly installment of clinical technology.

A New Artificial Serum.—A new formula for an artificial serum to be used in the technique of study of blood corpuscles, and especially in their enumeration under the microscope was given by M. Mayet at the séance of Nov. 14th, last, of the *Académie des Sciences*. It is as follows: Distilled water 100 parts; pure, anhydrous neutral sodium phosphate 2 parts; cane sugar sufficient to make the density of the fluid 1.085. M. Mayet says that the size and shape of blood corpuscles remain almost absolutely unaltered in this medium. If this be true the new serum is a long way ahead of anything of the sort that I have yet found.

Discontinued.—In the November number of the *Scientific Enquirer* (the monthly supplement of the *Quarterly Journal of Microscopy and Natural Sciences*) Mr. Alfred Allen, the editor and proprietor, announces that by order of his physicians he is compelled to cease publication of the former journal. We sincerely regret this fact, not only on account of the cause which requires it, but on account of the loss of the bright little journal that for two years past regularly visited our table. We earnestly hope that Mr. Allen may soon regain his health and strength and resume publication of *The Scientific Enquirer*.

Retired.—In a communication to the *English Mechanic* of a late date, Mr. Wenham, whose name is known to every microscopist the world over, announces that he has retired from microscopy; that he has given it up and has not looked through an

instrument for several months, and has no expectation of ever doing so again. Mr. Wenham offers no explanation of his determination, but however painful it may be to the thousands who have learned to look upon him as one of the immortals in microscopy, from the tone of his letter we are convinced of his sincerity and accept his dictum as final.

A Veteran Gone.—We are sorry to learn from a private letter, of the death at Birmingham, Eng., on Nov. 12th, of Thomas Bolton, F. R. M. S., at the comparatively early age of 57 years. The deceased, once a wealthy manufacturer, devoted a great deal of time and money to the collection and study of infusoria, and other lowly forms of aquatic life. Some years ago he lost his fortune and after various vicissitudes became the curator of the Birmingham Society of Natural History and Microscopy. The meagre perquisites of this office, eked out by a small pension (\$250.00 per annum) constituted his entire income during his latter years. His name is known to every student of biology, and his collections and preparations will form a lasting monument to him. Had he been a soldier or politician of equal eminence the pension instead of £50, would probably have been up in the thousands. So much more honor is there given to a man-slayer than to him who spends his life in the study of nature!

The Microscope for December contains its usual amount of interesting and valuable reading matter. Among the original articles we note one from Mr. Stedman, of Cornell, on the preparation of tænia for the museum and cabinet. The gist of this was given in the JOURNAL for October, but the article in the *Microscope* illustrates the matter far more fully. Dr. Tom Taylor gives a beautiful plate illustrative of the crystals of lard and other fats, with a short description of each. There are reports from a number of societies scattered over the land, showing commendable activity among microscopists from Maine to California. Well selected notes, etc. close the number and volume. An announcement is made that henceforth the journal (*Microscope*) will be published and managed by the editors and owners (Drs. Manton, Duffield, Brown and Jennings), having severed connection with Messrs. D. O. Haynes & Co. The latter arrangement was entirely amicable, and grew out of the increasing business of both parties. May

the cause increase until the *Microscope* will need the biggest sort of a perfecting press and all the appurtenances thereto belonging!

Bacillus of Cancer.—It is announced in the medical and lay journals all over Christendom that a Berlin physician, Dr. Scheurlein has discovered and isolated the bacillus of cancer. The announcement was made by cable in the daily papers of Nov. 28th last, and but meagre details of the discovery were given. From late foreign journals we note that the substance of Dr. Schuerlein's claims are that the bacillus is of an oval shape, and that it is constant in all cancerous sores; that it can be isolated and pure cultures thereof can be made; that inoculations of the culture medium made upon animals produce cancerous ulcers, and that he has thus proven the cause and effect necessary to establish his discovery. All of which is very interesting and may be true, but it is proper to remark that the cable dispatches state that "the members of the Berlin Society of Clinical Medicine, before whom the paper was read, did not seem to be very greatly moved at the announcement,"—or in other words did not take much stock in it.

Disappearance of Scars made by Leeches.—It is a well-known fact that the scars left by leeches after being applied to certain parts of the body, are sometimes evanescent, though usually they persist for many years, or even throughout life. Dr. De Castro (*Annales d'hygiène publique et de médecine légale*) maintains that this disappearance is only apparent, and claims that if the skin be reddened by mustard or other rubefacient, the scars will become visible, remaining white in the midst of the induced redness—the revulsive having no effect upon the surface of the cicatricial tissue. This fact has an important bearing in medical jurisprudence, as may easily be seen. Dr. De Castro was enabled by this process to prove the identity of a Maltese sailor long after the scars had entirely vanished from the unaided vision.

[Jan.,

Department of Dermatology and Genito-Urinary Diseases.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

Pruritus Hiemalis.—In some Clinical Notes on Pruritus, Dr. L. D. Bulkley devotes a few words to the consideration of this distressing affection (*Journal of Cutaneous and Genito-Urinary Diseases*). This affection may appear at any time from October to January and disappear about April or May. The localities chiefly attacked are the extensor surfaces of the arms and legs, most often the thighs. The itching is at times quite marked and distressing. Dr. Bulkley is inclined to attribute this affection to something beyond a mere excitation of the skin nerves by cold. The action of the cold is to throw extra work on internal organs, cause imperfect action of the secretory glands of the skin, and thus occasion pruritus in a secondary manner. A number of patients suffer from rheumatic troubles or other evidences of lowered nerve vitality. Internal tonic and antacid treatment is of use in preventing a relapse. Temporary relief of the local symptoms can generally be secured by the use of the ordinary method of treatment applicable to pruritus.

Is Leprosy Contagious?—The report of a few cases of leprosy and the opinion of the reporter that the disease was contagious seems to have raised a panic. The medical journals are all devoting more or less space to the subject of the contagiousness of leprosy; to the great increase in the number of lepers in this country; to the dangers we are running in letting them remain at large and, in general, are endeavoring to create an alarmist excitement. When we consider the fact that leprosy is a disease due to the action of a bacillus in the tissues and that several conditions are necessary for its spread, this "scare" need alarm

no one. In the first place, there must be afforded a convenient mode of exit to this bacillus and that must be through a solution of continuity of the leper's tissues. A similar condition must exist in the recipient's tissues to admit it and then they must come in contact. Leprosy is an infectious disease, but not more so than syphilis. Again, the apparent increase in the number of cases in this country is simply due to the fact that there has been an influx of immigrants, affected with the trouble, who have been exhibited at the meetings of medical societies.

Acne Rosacea.—Dr. Ernest Besnier, in one of his late clinical lectures at the Hôpital St. Louis, stated that the afferent and efferent vessels of the face, passing through foramina in the bones, have their circulation easily affected when they increase in size. Moreover, the sympathetic nervous system exercises a marked influence upon this circulation. The disease is one whose underlying causes are most often uterine or gastric. On this account attention must be particularly directed to these organs, and most often it will be necessary to look after the stomach. For the treatment of the local condition counter-irritation may be indulged in as an adjunct to the local measures employed. Hot foot baths, lasting an hour, and aloes determine a flow of blood downwards. For the purely local treatment M. Besnier advises irritants. When the amount of surface is quite limited a fly blister, carefully applied, is of benefit. When diffuse, an irritant ointment should be applied and followed by starch cataplasms. I have found, occasionally, that very good results will follow the application of mercurial plaster (such as that made by Johnson & Johnson). When this has produced sufficient irritation it should be followed by oxide of zinc plaster. By alternating the two, very satisfactory results may be obtained. Besides, the ease of application and cleanliness of the method recommend these plasters to physicians and patients alike.

Antisepsis of Urethra and Bladder.—M. Lavaux stated, in a paper read before the Paris Academy of Medicine, that continuous irrigation of the anterior part of the urethra and intravesical injections without a catheter, constitute a simple and inoffensive method of producing complete antisepsis of the urethra and bladder. This method is applicable to the treatment of the majority

of strictures. Owing to this complete antiseptis and to the antiphlogistic action of warm vesical injections, without a catheter, the complications due to rapid dilatation are now of very rare occurrence. In the treatment of simple and easily dilatable strictures, rapid dilatation should be substituted for the slow temporary method which does not seem to possess any *raison d'être* any longer. This method of antiseptis has also a tendency to limit the indications calling for internal urethrotomy and, in addition, renders divulsion and internal urethrotomy much less grave operations than they were formerly. Should these conclusions be found correct, by the only true test applicable—clinical experience—a number of troublesome cases of stricture will be rendered easily amenable to treatment and less formidable to both the operator and the patient.

Atrophic Lines of Syphilitic Origin.—At a recent meeting of the Paris Société Médicale des Hôpitaux, M. Balzer reported some cases of *lineæ et maculæ atrophicæ* due to syphilis. In one patient the appearance showed itself at the site of a former papular syphiloderm. In another, not only were exactly the same localities implicated, but the form was reproduced, the spots being pigmented. In these cases the condition is different to that observed when the atrophic lines and spots are due to mechanical means—to the forcible distension of the skin and tearing of the connective tissue. In this syphilitic form there is a true alteration taking place in the elastic tissues underlying and in the skin. There is a loss of substance, and not superficial cicatrices as has been claimed by some. There could scarcely be the possibility of mistaking superficial scars for these atrophic changes, if a careful examination be made. Unfortunately M. Balzer has not made microscopical examinations of the portions of skin involved in these cases. The appearance presented could no doubt shed a great deal of light upon the method of formation, in the case of syphilis, besides settling the nature of the lesion beyond the possibility of a doubt.

Syphilis in the Female.—M. A. Fournier some time ago endeavored to show that syphilis in the female is frequently innocently contracted, and for that purpose he has summarized 887

cases which were observed by him in private practice. These 887 cases he divides as follows (*American Lancet*):

1st. Cases of syphilis (sexual origin).....	842
2d. Cases of syphilis (non-venereal origin).....	45
Total.....	887

The first group, comprising 842 cases of sexual origin, may be divided as follows:

1st. Women of irregular life and habits.....	366
2d. Married women.....	220
3d. Women of unknown social standing	256
	842

The second group comprises:

Cases of hereditary syphilis.....	7
Cases accidentally contracted during childhood.....	4
Cases of infection of wet-nurses from infants suffering from hereditary syphilis.....	8
Cases of midwives infected on the hands or fingers while practicing their profession.....	4
Cases of domestic contagion, from wet-nurses, infants, etc., affected with syphilis (all observed in married women and young girls).....	13
Cases resulting from vaccination.....	2
Cases from catheterization of the eustachian tube.....	2
Case following rape	1
Cases of unknown origin, but certainly not from venereal origin..	4
	45
Total.....	887

A Committee for the Collective Investigation of Syphilis was appointed at the late meeting of the "*Deutscher Naturforscher und Aerzte*" in Wiesbaden. The chairman of the committee, Prof. Köbner of Berlin, desires all those who possess hospital practice to contribute to this by filling a number of elaborate tables, the blanks for which will be furnished upon application. This is a very important work and will shed an amount of light upon a number of vexed questions connected with syphilis and which are of great importance to all physicians.

SHORT TALKS ON DERMATOLOGY.

Under the above caption the Editor of this Department proposes, in each number of the JOURNAL, to give a short practical synopsis of the principal points attaching to the diagnosis and treatment of some skin disease. No attempt will be made to follow any classification, but diseases will be taken up as they suggest themselves.

XXVII. CALLOSITAS.

This affection is sometimes designated as tylosis or tyloma, and is commonly known as callus or callosity. It is a very common condition, to which little or no attention is paid, as a rule. It consists, essentially of indurated, circumscribed patches, which vary a great deal in size and shape. As a rule, they are not extensive, being of various sizes, from a silver half dime or less, to a silver dollar. Occasionally the area may be a little larger. In shape the plaques are roundish or ovalish, sometimes rather oblong, but still with rounded borders. The smaller lesions are thickest in the centre, while the large ones seem to consist of flat plates, about equally thick in every portion. The color of these depends upon the thickness and admixture of extraneous matters. When not thick, the growth is yellowish or yellowish gray in color, and translucent. When thicker, it is yellowish brown or yellowish black, and opaque.

The appearance of the surface of the lesion varies somewhat, according to its thickness. When comparatively thin, the lines and furrows of the skin may be distinctly observed upon the surface; but when the callus is thick, it is generally smooth and horny in appearance. In the latter case the growth is always an old one. In general, tylosis is of slow and gradual growth.

The localities which are most often the seat of this trouble are the hands and the feet. The disease, as a general rule, owes its origin to artificial causes, idiopathic cases being of rare occurrence. When the feet are the seat of the disease, it will be found that the heel and the ball of the great toe are the locations most frequently the subject of callus. Next in frequency is the instep and the outer surface of the little toe. This is easily explained, when we consider that these are the localities most subject to friction and pressure from shoes. Occasionally the entire sole is the seat of tylosis.

By far the most frequent seat of callus is the palm of the

hand, and more especially that of the right hand. This is due to the fact that in most trades, and in many other occupations, the tools and implements are constantly exerting more or less friction and pressure in this locality. It is not only in trades where tools are constantly handled that we find this, but in some occupations, such as base-ball, gymnastics, and others of a similar nature, that callus develops rapidly and markedly.

There are no subjective symptoms connected with this affection, except that when in large plaques on the soles of the feet it may occasion some pain and discomfort. This thickening is purely a conservative effort on the part of nature to protect the tissues. When the response is a little too active, the resultant protection may develop to such a degree as to interfere with the proper movements of the parts affected. Cracks and fissures sometimes make their appearance, and may prove troublesome by affording a resting place for irritating substances.

Callositas occurs in males and females, and at any age after that of childhood. It is not only due to friction and pressure, but may also be caused by the action of various chemical substances, and by heat. It will last as long as the cause producing it remains active. Occasionally an inflammatory action takes place beneath the callus, and a more or less extensive abscess is formed. The pus will continue accumulating until it finds an exit, when the entire mass will be thrown off.

Callus consists simply of an accumulation of the horny cells of the epidermis. When examined carefully, it is found that the corium, or true skin, is not involved, and the mucous layer of the epidermis also seems to have suffered no changes. In the horny layer the cells are heaped up, and, towards the surface, are so densely packed together as to resemble horn or nail in its structure.

The diagnosis is comparatively easy. The only diseases for which it might be mistaken are eczema, psoriasis, syphilis and ichthyosis. In eczema we have the history of an inflammatory trouble, and the subjective symptoms are of such a nature as to preclude the idea of confounding it with callositas, which is a hypertrophy of the horny layers of the skin. In psoriasis and syphilis of the palms or soles of the feet we have such distinct histories of the affections, accompanied by other data, that it

only requires a little care to differentiate, the same being true in the case of ichthyosis. Moreover, in callus the thickened masses fade gradually into the normal tissues at the edges, and when cut exhibit a structure not seen in the others.

The treatment of tylosis is one which is rarely called for, except in those cases where an occupation is abandoned, or where it amounts to a deformity. The callous mass should be softened, which may be done by bathing in hot water, by means of poultices, or by applying pure rubber to the part. In addition to this, we have other means. Soft soap (*sapo viride*) is a good application; or caustic potassa, in a solution of a strength of one or two per cent. This latter must be carefully watched, as it penetrates horny tissues easily and attacks the corium. Vinegar, acetic acid and mercurial plaster are also good means to employ. Salicylic acid is a very good agent for the removal of these accumulations, the strength to be used being about a drachm to the ounce. When the mass is softened, scraping with a dull knife will hasten its removal. To prevent a return, protect the parts by some suitable material, such as leather, providing the same cause be at work.

As long as the cause is at work the callus will develop, if no preventive measures are adopted. When removed, the trouble disappears spontaneously in time. Tylosis may be complicated by suppuration, and where the fingers are involved, it may happen that joints will be lost through this destructive process.

Hydrophobia seems to have put in an appearance in December. A case is reported in Chicago where a horse was bitten by a rabid dog and developed symptoms of hydrophobia. A man, in examining the horse's mouth, received a severe wound of the left hand, and it is thought he will have the disease. The horse and dog were killed. The hand of the man who was bitten was not cauterized until forty-eight hours after the occurrence.

Department of Diseases of the Eye and Ear.

CONDUCTED BY

A. D. WILLIAMS, M. D., of St. Louis, Mo.

Corrections.—In the article on the "Treatment of Ulcers of the Cornea" which appeared in the December JOURNAL, p. 366, the words "atropine is to be used only when *the eye is irritated*" should have read "atropine is to be used only when there is iritis." The error would have been unimportant had not the phrase purported to have been a quotation from Meyer. In the subsequent article, on Paralysis of the Fifth Nerve, the word *corners* (eighth line from the beginning) should read *corneas*. There were a number of other errors, but all, except these, unimportant.

Muscae Volitantes—their Significance.—Flying specks before the eyes are very common and sometimes extremely annoying, especially when they are first observed. As usually described, the phenomenon appears in the shape of an infinite number of small points, or dots, with fine lines like spider's web running from one to another, resembling minute beads strung on a very fine thread. They are seen to perfection when a person looks at a white surface, a white cloud, etc., but are invisible or nearly so when projected towards black or dark backgrounds. The points usually have a fixed relative position, but occasionally they appear to rise up or sink down when the eyeball is quickly raised or lowered. They are caused by opaque points in the vitreous which throw shadows upon the retina. They are first observed, usually, in middle age, when the need of glasses is first beginning to be experienced. The eyes being out of focus is often a cause of their being first noticed. However numerous and annoying they may be, they are harmless and are never a cause of blindness. In this they are not to be confounded with large floating masses, like blood clots, etc., which swim about in the liquefied vitre-

ous humor and often seriously obstruct the vision. These are the result of actual disease and are dangerous. They can easily be seen with the ophthalmoscope, while *muscæ volitantes* cannot be so discerned. The latter often increase or diminish in number, but rarely disappear altogether. Treatment has practically no effect and is therefore not to be recommended. Persons who are troubled with *muscæ volitantes* must learn to ignore them and let them alone, and this is the only advice to give when consulted in regard to them.

Emphysema of the Lids.—This is usually the result of violence. There must always be some abnormal communication between the cellular tissue of the orbit and lids and the air cavities before it can take place. There must not only be a fracture of the bone somewhere, but a break in the periosteum and mucous membrane on the inside, and of the periosteum externally. Then when the nose is blown the air is forced directly into the connective tissue. Some time ago a "street-walker" fell from a door-step to the pavement, and struck on the side of the face. The first time thereafter that she had occasion to blow her nose the left lid suddenly swelled so tightly that she could not voluntarily open the eye. The history of the accident, and the crepitation of the air under the skin settled the diagnosis. No treatment is necessary for the emphysema, as the air will soon absorb and vanish. If the tumefaction is very great, several small punctures may be made through the skin, and the air allowed to escape through them spontaneously or by pressure.

Somnambulism caused by Atropine.—Some time ago a street car driver while on his car was struck by a missile from an unknown quarter—probably a pebble from some mischievous boy's "bean-shooter." Whatever it was the substance cut through the edge of the lower lid and struck squarely upon the outer part of the cornea, causing considerable contusion. The anterior chamber immediately filled with blood, a traumatic cataract followed and the result was a practical loss of the eye. In the treatment of the injury I prescribed the usual atropine solution, which I ordered to be dropped into the eye five times a day. After two or three days of this treatment the patient became somewhat nervous and restless. One night, toward morning, he arose from bed,

and in a somnambulistic condition, clad only in his night shirt, he left the house and walked eight or ten blocks away. It was during warm weather and most dwellings had their windows open. Into one of these, conveniently placed, he crawled and commenced wandering around the house. While doing this he suddenly awoke and found himself in a bed-room where a man was vigorously snoring. Without awakening the sleeper he retraced his steps, now thoroughly awakened and frightened, and luckily found the window through which he had entered, and thus made his exit. He was in a totally strange neighborhood and had not the remotest idea where he was. He asked his whereabouts from the first two men whom he met, but they, seeing the scantily clad figure, "stood not upon the order of going, but went at once" without giving an answer—each firmly convinced that they had seen a veritable ghost. Another party whom he met was not so timid, but gave him the desired information, and he made his way home without difficulty or further adventure,—getting back to bed before even his wife had missed him. The man had never before had such an escapade, nor indeed, shown the slightest signs of somnambulism. There is no doubt upon my mind that the peculiar action of the atropine was the direct cause in the present instance. I diminished the frequency of the application and the patient had no further experiences of the sort. Some years ago I used the solution upon a lad of fourteen, in whom I had performed a peculiarly difficult strabismus operation, and he became entirely demented under the action of the drug, remaining so as long as it was continued but becoming normally rational as soon as it was discontinued and the effects wore off. In another case a similar result followed its use on a boy of 10, necessitating a prompt discontinuance of the drug. In the JOURNAL, for November, 1886, p. 296, will be found the history of this latter case and that of a little girl who was affected in a similar manner.

Injuries of the Drums causing Dizziness.—A young man recently received a severe blow over the left ear, from a wagon stake, and was knocked senseless for a while. The ear bled freely at the time, and after recovering from the headache and the immediate effects of the blow, the patient found that he had a difficulty in hearing with the ear which had been injured,

and complained of a sense of numbness, or a "muffled feeling" therein. The history of the case showed plainly that there had been a rupture of the membrana tympani, but when I examined the ear, two weeks after the injury, there was no sign of a rent, the injury having healed so perfectly that I could not even discover its previous location. The patient, however, was so dizzy at the time that he could not walk straight, and staggered about like a drunken man. The cavity had evidently filled with blood at the time of the injury. Catheterization of the drum was performed, and I found it very difficult to get the air into the cavity. The operation gave great relief to the patient, but it lasted for a few minutes only. While there might have been other injuries inflicted by the blow in this case, I think the dizziness resulted entirely from the obstructed condition of the drum. In a recent case a similar phenomenon was observed. A young woman slipped and fell, striking the side of her head flat against the pavement. She at once noticed that her hearing was muddled, and that the ear on which she fell "felt as though it had been stuffed full of something," to quote her own words. On attempting to stand, she found herself so dizzy that she was compelled to catch hold of something to support her. Twelve hours after the injury I made an examination, and found a bloody line just behind the handle of the malleus, and running its entire length, showing that the rupture of the membrane was an extensive one. While the ear did not bleed any externally, the drum cavity was most likely filled with blood. As the injury was still fresh, and the rupture was nicely coapted but not yet healed, I thought it best not to interfere at the time, but told the patient to return later, which she has not yet done. The cases are given to illustrate the point hitherto made (in the JOURNAL for May, 1886, p. 316) that great dizziness frequently results from the filling up of the drum cavities, and that, in fact, very grave brain symptoms are frequently traceable to this cause, especially in childhood.

The Minnesota Academy of Medicine has been formed by the physicians of St. Paul and Minneapolis. It has a membership of forty.

Medical Progress.

THERAPEUTICS.

For Bites of Poisonous Insects a writer in the *Archives de Pharmacie* recommends bathing the part with chloroform. The pain and inflammation subside almost instantly.

Tincture of Strophanthus is said by Frazer and Christy to be far preferable to strophanthin as a therapeutic agent. The stems and hairs of the herb, carefully freed from the seed, are pulverized and dried at a normal temperature (70° to 80° F.) and exhausted first by water and afterwards by ether free from alcohol; 1 ounce of the herb making 10 ounces of tincture. The dose is from 5 to 10 minims, which may be repeated thrice daily.

Chiretta in Torpidity of the Liver.—An old East Indian campaigner writes to the *English Mechanic* that for many years he kept himself free from that curse of Europeans in the tropics, a torpid liver and jaundice, by the use of a cold infusion of chiretta. It was his habit to put a half ounce of the chopped herb in a pint of cold water, leave over night, strain and use daily before breakfast a wineglassful of the infusion. The same statement was made several years ago by a surgeon of the U. S. Navy who had spent several years on the West Coast of Africa.

Antiseptic Sponges.—A writer in the *Deutsche Medizinische Zeitung* gives the following methods of preparing antiseptic sponges: *Sublimated Sponge*; make a solution containing 1 part of sublimate, 5 parts of carbolic or thymic acid, 50 parts rectified spirits and 444 parts boiling water. Let cool, put the sponge in it and leave for 24 hours, wring out and dry. *Borated Sponge*; dissolve 15 parts of boracic acid in 485 parts of boiling water, and proceed as before. *Tannated Sponge*; tannin 25 parts, boiling water 475 parts, and proceed as above. *Ferrated Sponge*; liquor ferri sesquichlor. 40 parts, boiling water 460 parts, proceed

as before. *Iodoformized Sponge*; dissolve 1 part of iodoform in spirits of ether and proceed as above. Cotton or wadding, lint, etc., may be substituted for sponge. The vessel should be kept covered while the process is going on.

The Chemical Combination of the Alkaloids.—A discovery of far-reaching importance to therapeutics and, indeed, to the chemistry of the alkaloids, is announced by Bombelin in the *Pharmaceutische Zeitung* for Nov. 16th, last (No. 74). This chemist states that he has discovered a method by which any two of the alkaloids may be made to combine—to *anchor together*, to use his own words, in such manner that an entirely new product, physically and chemically, is the result, the same possessing the chemical and physiological properties of its components, and in many instances entirely new ones. In the article alluded to he describes *somniferin*, which is the name given by him to a morphin-ether made by this process. Physically this substance appears as pellucid-glass-like crystals, of great brilliancy and beauty. Administered in lieu of morphine, but in much smaller doses, *somniferin* produces the physiological phenomena of morphine, except that it appears to have no effect upon the heart-beat, nor is it followed by the disagreeable sequelæ of that alkaloid. Little or no information is given as to the methods of production, but Bombelon states that the process is carried on without heat, and that large quantities (50 kilogrammes or 100 lbs.) can be made in a few days at one charge. He further declares that he has produced a morphin-escerine, a morphine-tropine, and a quinine-tropine, and that the possible compounds are absolutely innumerable. Further information is promised as soon as the physiological experiments now in progress are completed.

Tapeworm Pills.—The material devised by Unna for coating pills which are intended to act solely on the lower intestines. (keratin, a solution of animal horn in strong ammonia water), is being utilized in Germany for the preparation of a pill of pomegranate root to be used in the treatment of tapeworm. The formula is as follows:

Etheric Extract of Male Fern	
Extract of Pomegranate Root, of each	3iiss.
Pulverized Jalap	gr. lxx.

Mix and divide into 70 pills, which are to be coated with kera-

tin. The treatment is as follows, and is said to be absolutely certain (by Dr. K. Bettelheim, of Vienna, in the *Centralblatt fuer klinische Medizin* No. 46, 1887): Twenty of the above pills are given in the morning, fasting, and within three hours the balance of the pills. If the pills do not operate in eight or nine hours, a clyster consisting of any saline purgative dissolved in a pint of warm water should be given.

PATHOLOGICAL AND PHYSIOLOGICAL NOTES.

Albuminous Urine, non-coagulable in the Presence of Acetic Acid.—M. Marsault describes in the *Archives de Pharmacie* for December 1887, the results of an analysis of a specimen of urine submitted to him for examination. The facts stated are suggestive and serve as a caution against the use of acetic, lactic or phosphoric acid as acidulating media in the examination of urines for albumen. The specimen in question was pale and turbid, very lightly acid, scarcely reddening litmus paper, of a specific gravity of 1.021. Nitric acid threw down an abundant insoluble flocculent precipitate. In short, it was a typical albuminous urine, containing, as was afterwards determined, nearly three grains of dried albumen to the thousand. When a portion was warmed without acidulation, an abundant deposit, insoluble in nitric acid, was thrown down; but when another portion was acidulated with acetic acid and heated, not the slightest sign of a precipitate was formed. The urine was not even clouded. The same negative results followed the acidulation with lactic and phosphoric acid. M. Marsault does not attempt to make any explanation, at present, of the phenomenon. The question is now, whether this urine contains a hitherto undescribed form of albumen, or were there other elements in it capable of effecting the solution of the albumen in the acids named, to such a degree that heat would not coagulate the former?

Toxicity of Chromium.—Prof. Pender, of Dorpat, states as the result of a series of experiments on the physiological action of chromium and its compounds and derivatives, that the chromic acid compounds are one hundred times more toxic than are those of chromic oxide. The former are absorbed rapidly,

both by the skin and the stomach, while the latter are but slowly and imperfectly taken up.

Localization of Cerebral Centres.—At a recent séance of the Société de Biologie (Nov. 12, 1887) two English savans, Messrs. Horsley and Beevor read a communication on the localization of motor centres in the brain, and exhibited an instrument by means of which their results were attained. Experiments made on a monkey (*Macacus sinicus*) demonstrated "with an exactness which left nothing to be desired" (to quote *le Progrès Médical*) the centres of movements of the fingers and the great toes. A more extended description is promised.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

Ulcer of the Neck of the Uterus.—Marfan recommends the following:

R Iodoform, 3iss.
Glycerole of Starch, 3ij.

Essence of peppermint enough to conceal the iodoform odor. Mix thoroughly. To apply, soak a pledget of absorbent cotton in the mixture and place against the ulcerated portion. It should be held in place by tampons of dry cotton. The dressing should be renewed every 24 hours, the vagina being well washed out at each dressing. Crayons of iodoform, introduced into the neck, are also excellent.

Œdema of the Newly-born.—This phenomenon, says M. Dumas (de Montpellier), is frequently confounded with sclerema. The latter is an induration of the cellular tissue, whereas, the former is an infiltration of serosity into the tissues, which extends to all the cellular interstices of the parts attacked. This œdema should be regarded as a sure and certain symptom of phlegmasia—in fact M. Dumas maintains that the two are identical. The treatment should be heat applied by means of the Tarnier apparatus. The direct application of moisture and the malaxations hitherto recommended cannot be too severely condemned, as embolisms are the result in a large proportion of cases. The *couveruse Tarnier*, or Tarnier's apparatus for the application

of warmth to the prematurely born, has been described so often that it is familiar to most of our readers. It is similar in action to the "artificial mother" used in poultry culture, and can be constructed by any one having a little ingenuity.

The Hymen as an Evidence of Virginity.—Some years ago a case was reported from St. Bartholomew's Hospital, in which a woman was brought to bed at term, yet the accoucheur, on making a preliminary examination, found the hymen not merely intact, but imperforate. The publication of this case brought out the report of two similar ones, both of which occurred in the clientele of Dr. Braun, of Vienna. Now comes M. P. Budin, who reports in *le Progrès Médical* (Nov. 26, 1887, p. 460), the case of a woman who was delivered at term, of a living, healthy, but very small infant; yet when she was examined shortly after accouchement, the only external evidences of the ordeal were two minute fissures in the edge of the hymen. A full-sized photogravure, accompanying the report, shows the hymenial orifice to be about a half inch long by three eighths of an inch wide. The infant weighed a trifle less than five pounds.

Tamponment of the Uterus with Antiseptic Gauze:—In the *Annales de la Société Médicale de Liège*, Dr. Fraipont says, in effect, that since the tamponment of the cavities with aseptic (iodoformed, sublimated or carbolized) gauze has become a common surgical practice, he sees no good reason why the same practice should not be introduced into obstetrics. He finds that iodoformed gauze, with large meshes, but of soft and fine threads, is especially fitted for use in this kind of practice. Such gauze may be left for one, two, or even three days in the uterine cavity after the latter has been properly washed out with an antiseptic solution; and the author claims that he has done so without finding the slightest putrefactive odor or any retention of the secretions. The gauze in such cases acts as a filter, which allows the fluids to drain away, the quantity of the latter being considerably diminished. It is not at all uncommon, says the author, that after tamponning an uterus, after an abortion, for instance, when there is retention of membranes, with putrefaction, to withdraw the tampon and find it absolutely odorless, having lost even the odor of iodoform, with which it was originally impreg-

nated. It will be understood, of course, that in this procedure, in order to avoid pain and danger to the patient, the os must be patulous and dilated, and M. Fraipont speaks only of hæmorrhages following or due to operations on the interior of the uterus; abrasions of the hyperplastic mucosa; excisions of pedunculated polyps; enucleation of submucous incapsulated fibromata; or those which are the immediate sequelæ of miscarriages where the ovum and membranes have been expelled or extracted; or those after a pathological or even normal accouchement where there is marked atony of the uterine muscle. The details of tamponment after M. Fraipont's method are sufficiently simple; the patient being placed in the obstetrical position, the posterior parietes of the vagina are depressed by a Sims' or Simon's speculum, the anterior lip of the neck is seized with a ball forceps, and moderate traction made. The iodoformed gauze is prepared beforehand, being cut into slips about 10 inches wide and 40 inches long. With an ordinary dressing forceps, one end of this gauze is shoved cautiously into the cavity, and, little by little, the entire strip is made to follow it, pushed to its place by means of an uterine sound. When nearly exhausted, the end of the strip is held by an assistant, and a second strip is started along side of it, and the packing continued until the cavity is filled. In the case of an accouchement at term, or just prior thereto, the strips may be made considerably larger in every way than those mentioned. In addition to absorbing and disinfecting the secretions, the gauze acts as a foreign body, stimulating uterine contractions, and thus terminating hæmorrhages. As remarked, the plugs may be left *in situ* for twenty-four hours, or twice or thrice that time.

SURGERY.

Disarticulation of the Knee.—At the late meeting of the French Association for the Advancement of Science, held at Toulouse, M. Duplony spoke of the value of this operation. He deprecated the evil which had been said of it. His own experience had been such as to obtain excellent results. He presented a patient, operated on in this manner, who for sixteen years had walked

three hours daily on the stump. Examination of French statistics showed that perfect stumps had been obtained in two-thirds of the cases. In conclusion, the author pointed out the indications for the operation and where it should be given the preference over other forms of operative procedure. The soundness of the skin, and the possibility of the parts being properly nourished are among the prime essentials. The only unsuccessful case related, at the conclusion of the paper, was one in which the failure was probably due to the bad state of the skin which was to serve as a flap. There is no doubt that disarticulation of the knee, when performed in the proper cases, is an excellent procedure and affords the best kind of a stump to the patient.

Preventive Castration in Adults for Undescended Testicle.—At the same meeting, M. Thirian gave his experience in this condition. He first called attention to the fact that the undescended testicle seems to be particularly predisposed to different alterations and especially to cancerous changes. He has had to operate in two cases of carcinoma of the testicle, the organs being in the abdomen. In both cases the removal of the diseased organs was followed by cure, and these have only served to confirm the author in his opinion on the utility of castrating in such cases. Moreover, the organ thus removed is entirely useless, for it is well known that an undescended testicle soon becomes the seat of different changes and more especially of pericanalicular and perivascular sclerosis, so that the organ becomes rapidly useless for the production of spermatozoa. These views excited quite an amount of comment, M. Jeannel regarding the operation as too bold because its indication seemed to be simply the possibility of future degeneration. M. Ramard also thought that it would be preferable to wait until the testicle was diseased and then operate promptly as soon as the condition was recognized. In those cases of undescended testicle where it lies in the inguinal canal, it is preferable to draw it down into the scrotum, where the operation can be properly performed.

Alexander's Operation.—This procedure, which is the shortening of the round ligaments of the uterus, is one which has attracted quite an amount of attention of late. Dr. J. H. Kellogg reports twenty-five cases in which he performed this operation

(*Annals of Gynecology*) and he claims that he has met with fair success. He concludes from his experience that the operation may be appropriately employed in the following classes of cases:

1. Cases of retroversion and retroflexion of the uterus which have resisted reasonable efforts for their relief by other rational means.

2. Cases of procidentia, especially those in which the cause is attributable to subinvolution of the uterus and vagina, provided always that a perineorrhaphy or colporrhaphy, or both, shall also be performed when necessary, to enable the vagina and perineum to do their duty in retaining the uterus in position, after it has been placed there by shortening of the ligaments.

3. Cases of antelexion combined with retroversion, especially when accompanied by prolapse of the ovaries.

4. Carefully selected cases of anteversion.

5. Cases of ovarian prolapse, in which the ovaries are not held down by adhesions.

Not only is this operation a good one, but it is destined to limit the use of the pessary. Besides this, the recognition of the fact that the round ligaments are in great part muscular in their structure, and not merely fibrous, will tend to somewhat weaken the faith of physicians in the methods of treating displacements of the uterus, hitherto so much in vogue.

Monument to Bretonneau, Trousseau and Velpeau.—

It is not often that one small city produces, in a single century, three men who become so eminent in any one department of science as have the three whom the city of Tours has just honored by a monument. The monument was conceived by physicians, and, in fact, carried out by them, through the efforts of a committee consisting of Louis Thomas, Duclos, Danner and Sainton. Duclos made the dedicatory speech, and it is described as having been a piece of finished and eloquent oratory, great in thought and magnificent in diction.

1888.]

Book Reviews.

Operative Surgery on the Cadaver. By JASPER JEWETT GARMAN, A. M., M. D., F. R. C. S. 8vo. pp. 150. [New York: D. Appleton & Co., 1887.

"It is my endeavor to present a guide to the manipulative procedures of the ordinary surgical operations."

The author has fully succeeded in his intention, having given his readers a clear and concise account of all operations that could come within the scope of his book. The typographical portion of the work is excellent.

Transactions of the Association of American Physicians. Second Session, held at Washington, D. C., June 2 and 3, 1887. 8vo. pp. 254. [Philadelphia: Printed for the Association, 1887.

This volume contains a number of good papers and gives the evidence of earnest work on the part of the members of the Association. There are seventeen papers, together with the discussions thereon, the whole forming a handsome book. The papers, for the most part, are valuable and are already known to the profession, having been nearly all published in the journals.

Therapeutics and Materia Medica. By Robert T. Edes, A. B., M. D. 8 vo., pp. 552. [Philadelphia: Lea Brothers & Co., 1887. Price, cloth, \$3.50, leather, \$4.50.

The past year has been peculiarly prolific in works on therapeutics and materia medica, almost every one of the great publishing houses and not a few of the smaller ones, having issued one or more works on the subject. Some of these have been by authors hitherto unknown to fame, and some have been reprints more or less revised and corrected, of old and standard works.

To the former class the volume before us belongs, for while the author has occupied prominent positions in the medical world (Past Assistant Surgeon in the U. S. Navy, and Professor of Clinical Medicine at Harvard), this is, we believe, his first entry into the arena of medical authorship. The debut is quite a creditable one, and the treatise which he has presented will be found to be concise and practical bringing his subject down to the latest developments in therapeutics and pharmacology. It is gotten up in the well-known style of the Leas, which is saying all that is necessary. The student and practitioner will find the book a valuable one for reference or study, the former being facilitated by a full and excellent index.

A Manual of the Physical Diagnosis of Thoracic Diseases.

By E. DARWIN HUDSON, JR., A. M., M. D. 162 8vo. pp.
Nearly 100 Illustrations. [New York: William Wood & Co.
Price, \$1.50.

The author in 1885 privately printed, for the use of his students, a volume entitled "Essentials of the Physical Diagnosis of Thoracic Diseases." The work was found both convenient and useful, and therefore, by an elaboration of its material, the present volume was prepared. The chapter on Synopses of Respiratory Diseases is especially valuable. The death of the author before the completion of the publication necessitated its final revision by Dr. Lawrence Johnson, who has most ably edited it.

Surgery. Its Theory and Practice. By WILLIAM JOHNSON WALSHAM, F. R. C. S. 665 12mo. pp., with 236 Illustrations. [Philadelphia: P. Blakiston, Sons & Co., 1887. Price: cloth, \$3.00: leather, \$3.50.

This book is one of the series of manuals issued by the Blakistons. Each volume so far has been a good one, and the present is no exception to this rule. Surgery has arrived at such a point to-day that it would be impossible for any one man to write a book upon the subject which could claim to be complete. Special articles written by those men especially adapted to the special topics have been gathered in the form of encyclopædias. However valuable these may be to the surgeon of experience, the stu-

dent of medicine has neither the money nor the time to indulge in them. He must first ground himself in the principles and accept some one as a guide to direct his thoughts in matters surgical. These seem to have been the objects in view when Mr. Walsham wrote the manual before us. His teachings are sound, his manner terse and he has completely avoided overburdening his student-reader's mind with too many things. He has avoided an error which medical writers are falling into, viz: to be complete at the cost of being clear.

We can heartily commend the little book before us, as a good manual and guide for the student, and one calculated to indoctrinate him with sound surgical principles. It is a book which, carefully studied, will enable the reader to enter more fully into the literature of surgery prepared to appreciate that which is offered to him and, at the same time, teach him to think for himself at the bedside and in times of emergency.

The Principles of Theoretical Chemistry. By IRA REMSEN. Third Edition, Enlarged and Revised. [Philadelphia: Lea Bros & Co., 1887.

Some years ago the writer took occasion, in an editorial article in this journal, to state his views as to what extent, and how, chemistry should be taught in Medical Colleges. He took the ground that as usually taught, the total of sixty or eighty hours allowed to chemistry in the curriculum of most American colleges was time worse than thrown away; that the attempt to rush through a laboratory course in this manner served only to muddle the student, and very frequently to give him a distaste for chemistry that lasted through the earlier portion at least of his professional life; and, finally, he urged that teachers of chemistry in medical schools should devote these hours to giving the students a thorough knowledge of the philosophy of chemistry, the atomic theory and the principles of the constitution of chemical compounds. This book of Dr. Remsen's is the very text-book needed in such a course of chemistry, and the medical student who has it at his fingers' ends, so to speak, can, if he choose, in post-graduate days soon make himself familiar with any branch of chemistry which he may de-

sire to pursue. It would be difficult indeed to find a more lucid, full, and at the same time compact explication of the philosophy of chemistry, than the book before us, and we recommend it to the careful and impartial examination of college faculties, in the hope that some of them at least will have the wisdom to adopt it as the text-book of chemical instruction in their schools.

F. L. J.

Cyclopædia of Obstetrics and Gynecology. Edited by Egbert H. Grandin, M. D. In 12 volumes, Royal 8 vo. Vols. V, VIII, XI and XII. [New York: Wm. Wood & Co., 1887. Price of set complete \$16.50.

(1) Vol. V.—Gynecological Diagnosis and General Gynecological Therapeutics, by R. Chrobak, M. D.; Electricity in Gynecology and Obstetrics, by Egbert H. Grandin, M. D. 160 engravings on wood. (2) Vol. VIII.—Diseases of the Ovaries, by Dr. R. Olshausen. 36 Wood Engravings. (3) Vol. XI.—Sterility; Developmental Anomalies of the Uterus, by P. Müller, M. D.; and The Menopause, by E. Boerner, M. D. 51 Wood Engravings. (4) Vol. XII.—Diseases of the Tubes, Ligaments, Pelvic Peritoneum and Cellular Tissue; Extra-uterine Pregnancy, by L. Bandl, M. D.; also Diseases of the External Female Genitals, and Lacerations of the Perineum, by P. Zweifel, M. D. Cromolithograph and 88 Wood Engravings.

These four volumes complete the great work so ably edited by Dr. Grandin, and so handsomely and substantially given to the profession by the publishers, Messrs. Wm. Wood & Co., of New York. Of the general nature of the undertaking and its method of accomplishment we have already spoken, in our reviews and notices of preceding volumes, and it only remains for us to speak of the volumes in hand.

(1) In this volume we have the joint labors of Dr. Chrobak, Professor of Gynecology at Vienna and of the editor, Dr. Egbert Grandin, Obstetrical Surgeon to the N. Y. Maternity Hospital. The former has treated of gynecological diagnosis and general therapeutics, while the latter has devoted himself to electricity as a therapeutical agent in the diseases of women. In Dr. Chrobak's work he has been compelled, to a certain extent, to go over ground already covered by other writers in the series (notably by Dr. Hegar, in Vol. VI), viz.: the methods of examination, the

couch, table, positions, etc. ; but while there is a certain similarity in the matters treated upon, each writer displays an individuality which robs the repetition of sameness and serves to add interest to what each has said. The chapters on general gynecological therapeutics are very full, and supply a mass of information of great value not only to the general practitioner but to the specialist as well. Dr. Grandin's treatise on the electrical therapeutics of gynecology is a masterly review of the present status of our knowledge on the subject.

(2) In this volume Dr. Ohlshausen, of the University of Halle, has given us the most exhaustive and complete work on the ovaries that has ever been written in any language. The anatomy, development, malformations, tumors and diseases of the organs are fully gone into, together with the surgical therapeutics of all pathological conditions. This volume is one of the most valuable and important of the series.

(3) In this volume Dr. Müller, of the University of Berne, treats of sterility, not only in the female but in the male. Commencing with a brief but comprehensive retrospect of the literature of the subject, this author takes up in turn and discusses propagation in general, embryology, ovulation, the transmission of the ovum, and menstruation in the female. Thence he passes to a consideration of the production and transmission of semen, the migration of spermatozoa, insemination, conception, etc. The etiology of sterility in the female and the male, the methods of examination in such cases, and treatment of sterility are freely and fully discussed. The developmental anomalies of the uterus are treated of in a dozen chapters, the last hundred pages being devoted to a study of the menopause and the normal and pathological features of the same.

(4) The twelfth and last volume is a fitting close to this series of remarkable monographs. In it we have from the pen of that most distinguished gynecologist, Prof. Bandl, of the University of Prague, a learned, and at the same time, practical treatise on the diseases of the tubes, ligaments, pelvic peritoneum and cellular tissue. Dr. Zweifel, of Erlangen, closes the volume with an equally learned and valuable treatise on the diseases of the external female genitalia, including chapters on that much be-writ-

ten subject perineal lacerations, and pruritus vulvæ and coccygodynia.

Of the mechanical execution of the work we have already spoken. It is almost faultless, and in going through these volumes one can only wonder at the perfection of detail, the absence of errors, and above all at the low price at which the Encyclopædia (which is a library in itself) is sold.

Literary Notes.

The American Druggist, which, barring its hideous shape, is one of the best journals of the sort in the world, treats its subscribers to a Christmas supplement in the shape of an excellent photogravure of Adama's well-known picture "The Alchemist."

The Medical Analectic, hitherto a monthly, will after January 1st, 1888, appear weekly. The *Analectic* is an excellent journal of its class and affords a tolerably comprehensive epitome of the medical literature of the day. It is published by G. P. Putnam's Sons, New York, at \$2.50 *per annum*, and is edited by Drs. C. H. Knight, Geo. B. Phelps, A. T. Muzzy and John Ridlon.

A Turkish Medical Journal.—The world moves! Even Mr. Gladstone's "unspeakable Turk" has advanced to that point in progress when Constantinople can boast of a journal devoted to medicine and surgery. The new venture is called the *Gazette des Hôpitaux civils et militaires de l'empire Ottoman*. It will be printed in Turkish and French and be edited by a corps of physicians of both nationalities.

Lindsay & Blakiston's Visiting List.—Among the many "physician's visiting lists," which visit our table annually, none is more convenient or more solidly gotten up than the one sent out by P. Blakiston, Son & Co., of Philadelphia. The present

number is the 37th of the long series, and is quite up to any of its predecessors. The physician will find in it a calendar, table of doses, list of new remedies, incompatibles, etc., beside a well ordered system of entries and visits. The price varies from one to three dollars, according to size.

The Journal of Surgery and Antiseptics is announced as a candidate for journalistic honors. It will appear with the beginning of the New Year.

Nearly all the Medical Journals during the past month, have been somewhat "short" in contents owing to their publication of the indexes. This institution (the index) is a very valuable one, however, as it shows the amount of interesting matter each publication has offered its readers.

Books Received.—The following books were received during the month and will be further noticed hereafter: *Materia Medica and Therapeutics*, Bartholow (D. Appleton, Sons & Co.); *Handbook of Treatment*, Aitkin (N. Y., E. B. Treat); *Organic Materia Medica*, Maisch (Phila., Lea Bros. & Co.); *Transactions of the Association of American Physicians*, Vol. II.

Manual of Clinical Diagnosis.—Messrs. G. B. Putnam's Sons, of New York, have issued a third edition of this excellent little work of Dr. Otto Seifert and Dr. Friedrich Müller, as translated by Dr. William B. Canfield. As the first edition appeared only a little over a year and a half ago (April 1886), the issuance of this edition is a very strong proof of the value and popularity of the work.

The Medical Press of Western New York, is the title of a new journal which is to make its appearance with the new year. It will be edited by our friend, Dr. Roswell Park, of Buffalo, and from our personal knowledge of the doctor we can promise that it will be first-class in every respect. While medical journalism is, at present, rather crowded in this country, there is "always room at the top," and hence we welcome Dr. Park's venture, being assured that it will be strictly first-class in every particular.

The Medical World Visiting List, which is arranged in removable tablets, is a very ingenious one and one which will

commend itself to every physician who wishes to keep accurate records which are complete and easily referred to. One factor of merit in this is that it is not bulky and is not burdened with a large mass of printed matter. The price is \$1.50, and it may be obtained from the *Medical World*, 1520 Chestnut St., Philadelphia, post-paid, by remitting that amount.

A Modern Wonder.—This is the taking title of a “taking” little book issued by the great Boston publishing house, the D. Lothrop Company, who will no doubt be glad to send it to any of our readers who will write to them for it. It is in short, a primer, not exactly of the good old sort wherein “A was an Ape that lived in a tree, B was a Bull and butted at *he*,” but one setting forth the good things which will appear in their juvenile magazine *Wide Awake* for 1888. These are so numerous that we cannot give even a synopsis of them, but an idea of the character of the *menu* may be gleaned from the following partial list of writers whose services are engaged in getting up the promised monthly feast: Edmund Clarence Stedman, H. Rider Haggard, Sidney Luska, M. E. W. Sherwood, M. B. Crownenshield, H. T. Upton, Olive Steward, Mrs. Leonowens, Mrs. Jessie Benton Fremont, Ik. Marvel (Donald G. Mitchell), Edward Everett Hale, Miss M. E. M. Davis, Elbridge Brooks, Samuel Kneeland, Harlen A. Ballard, Amanda B. Harris, G. P. Lathrop, Hartwell Moore, Edmund Collins, Otis T. Mason and many others scarcely less known. We have several times taken occasion to commend *Wide Awake*, and again take the greatest pleasure in recommending it to every physician who has boys and girls of his own, or who cares anything for children. It is always interesting, always good, and above all, always *clean*, morally and physically, so that it can go straight to the hands, the heads and the hearts of its impressionable readers without causing a doubt or misgiving on the part of the parent or guardian.

The Century Magazine.—Nothing,—neither the telephone, the telegraph, the photograph, the electric light, the electric motor, nor any of the other every day marvels of steam and electricity, is so marked a feature of this our “wondrous mother age,” as is its illustrated periodical literature, with its wealth of beautiful and artistic engravings, its exquisite printing, and above all,

its army of trained and skilled writers. Perhaps it is thus wonderful because it makes use to the fullest extent of all the other marvels. But even when we take into account how each one of these great arts and industries is in turn made subservient to the end—the building, for instance, of such a publication as the *Century Magazine*, the result is none the less wonderful. Each month on an appointed day, with the regularity of the planets, we receive one hundred and sixty large octavo pages of reading matter interspersed with engravings; so that in the course of a year we receive nearly two thousand pages of matter of the very highest literary and artistic character, to say nothing of a dozen full page frontispiece plates, any one of which is a true work of art worthy of a place among the masters. Few outside of those engaged in the publishing business can form any idea of the vastness of the labor and the lavishness of expenditure requisite to produce one of these numbers, twelve of which are sent, post-free to subscribers for the comparatively trifling sum of four dollars,—a marvel in itself. Among the contributors to its pages we find the names of men and women most eminent in literature, science, religion, the arts, the trades, music, the drama—in short, of every honorable walk in life. The literature of one of these volumes is all-embracing, coming from the pulpit and the stage, the workshop, the laboratory, the green fields, the streams, forests and mountains; from tropical jungles and the frozen wastes of the poles. To make a list of the subjects, or even of the contributors, would require far more space than we have at our command, but we would call the attention of such of our readers as do not already take *The Century* to the following special features in the opening volumes for 1888: Lincoln in the war (by Nicolay and Hay), Important Supplementary Papers of the War Series, Siberia and the Exile System (by George Kennan), novels and novelettes by Frank R. Stockton, Edward Eggleston, George W. Cable and others, besides a large number of special articles on travel, adventure, etc. As has been truly said, a volume of the *Century* is almost a liberal education in itself.

Reprints and Pamphlets Received.—During the past month the following pamphlets and reprints, worthy of note, were received, and the senders have our thanks for the courtesy: Observations on the Cholera Bacillus, as a means of Diagnosis,

etc. By Drs. S. J. Armstrong and J. J. Kinyoun (*N. Y. Med. Journal*, Nov. 12th, 1887); The True Nature and Definition of Insanity. By C. H. Hughes, M. D. (*Alienist and Neurologist*); Transactions of the Indiana State Dental Association (29th annual meeting, held June 28th, 1887); Histological Investigation of Lupus Erythematosus (Cazenave) by Robert B. Morison, M. D. (*Maryland Med. Jour.*); Elephantiasis Arabum of the External Genitals of a Negress by Wm. J. Moseley, M. D., and Robt. B. Morison, M. D. (*Medical News*); Syphilis occurring in connection with other diseases of the skin by L. Duncan Bulkley, M. D. (*Medical Register*); Baldness; what can we do for it? By George Thomas Jackson, M. D. (*Medical Record*); On the Occurrence of Ulcers resulting from Spontaneous Gangrene of the Skin during the later stages of Syphilis, and their Relation to Syphilis. By Hermann G. Klotz, M. D. (*N. Y. Med. Journal*); On the Advantages of a Compound Salicylated Plaster in Dermatological and Surgical Practice. By Hermann G. Klotz, M. D. (*N. Y. Medical Journal*); On the Treatment of Felon without Incision. By L. Duncan Bulkley, M. D. (*Jour. Am. Med. Ass.*); Report on the Etiology of Leprosy to the California State Medical Society. By W. F. McNutt, M. D.; Histologische Untersuchungen über Lupus erythematosus, Cazenave, von Dr. Robert B. Morison, (*Viert. jähr. s. f. Dermat. u. Syph.*) Ergebnisse der Behandlung von Hautkrankheiten mit Unna'schen Präparaten, von Robert B. Morison, M. D. (*Deutsch. Med. Wch. schr.*); A Case of Tylosis (Callositas) of the Hands. By Robert B. Morison, M. D. (*Jour. Cut. and Ven. Dis.*); An Introductory Lecture on Injuries and Diseases of the Urethra. By G. Frank Lydston, M. D. (*Phila. Med. and Surg. Reporter*); Report on the Trinidad Leper Asylum. By Beaven Rake, M. D., Medical Superintendent; Lupus and its Relation to Tuberculosis. By Robert B. Morison, M. D. (*Amer. Jour. Med. Sciences*); University of Pennsylvania, Veterinary Department, Announcement; Proceedings Amer. Pub. Health Association, 15th Annual Meeting, at Memphis, Tenn., Nov. 8th *et seq.* 1887; Bulletin of Illinois State Laboratory of Natural History, Vol. II, Art. 6; Parasites and Fungi of Illinois, by T. J. Burrill and F. S. Earle. Transactions of the Medical Societies of the State of West Virginia. Twentieth Annual Session held at White Springs, July 13, 14 and 15, 1887. 8vo., pp. 347-500. [Wheeling *Daily Intelligencer* Steam Job Press, 1887.]

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Melange.

Russia recently Established its first inebriate asylum.

The Faculty and Assistants of the Philadelphia Polyclinic have formed a Clinical and Therapeutic Medical Society. The first meeting was held Dec. 5th, last.

In a Paper on the Manufacture of *alpha*-naphthylamine the author, O. N. Witt, claims to have found a base in crude naphthylamine, which, judging from its properties, seems to be paranaphthylenediamine. We always suspected this.

The Medical Society of the County of Kings, New York, will publish a monthly journal, under the title of the *Brooklyn Medical Journal*, which will contain the transactions of the Society.

The Buffalo Medical Library Association, it is reported, is about to collapse from a want of funds. The expenditures amount to about one hundred and fifty dollars.

The Sloane Maternity Hospital and Vanderbilt Clinic, of New York City, were formally opened on Thursday, Dec. 29th, last. Dr. T. Gaillard Thomas delivered the address.

A Recovery from Fracture and Dislocation of the Spine is reported by Dr. Isaac W. Chisholm, in the *N. Y. Medical Record*. Recovery from either one of these injuries is considered rare.

Dr. Chas. T. Parkes, the well known surgeon of Chicago, has been appointed to fill the chair of surgery of Rush Medical College, recently made vacant by the death of Dr. Moses Gunn. The choice is not only a wise one but a deserved honor. This appointment vacates the chair of anatomy in the same College.

Dr. Henry B. Baker, of Lansing, Mich., who is chairman of the Section of State Medicine of the American Medical Associa-

tion, recommends as special topics for the coming meeting, "Malaria, and the Causation of Fevers."

It would be of interest to know, for each State:

1. The proportion of all sickness that, by reputable practicing physicians, is attributed to malaria.
2. Just what groups of signs and symptoms are accepted as evidence of the influence of malaria.
3. To what extent sickness attributable to malaria is increasing or decreasing.
4. What are the meteorological and other conditions coincident with the increase or decrease of malarial diseases?
5. What facts are there bearing upon the question? What is malaria?
6. What evidence is there for, or against a malarial germ?

Who Did it? In our November number, under the heading "An Explanation in Order" we spoke of the charge made by our friend of the *Medical Register* against Dr. I. Minis Hayes, accusing him of having written the letters to the *Philadelphia Press* from Washington during the late International Medical Congress. At the time we felt assured, as we now do, that the *Register* would not have made the allegation unless its editors were thoroughly convinced that they were right; but that, were they in error, none would be more prompt to apologize than they. A recent number of the *Register*, far from apology, brought up what appeared to be incontrovertible evidence that the *Press* got its news from Dr. Minis Hayes. As we go to press we are in receipt of another circular from the *Press*, denying, in the most emphatic manner, that Dr. Hayes was in any way connected with its Washington correspondence, and stating that it received its news from an entirely different source. We are constrained to believe the statements of the *Press*, but are also still of the same opinion as to the fairness and honesty of the *Register*. Who did it?

The Droughth Diseases.—In various portions of the country, more especially, however, in West Virginia and Pennsylvania, and in other mineral districts, the long-continued droughths of the autumns of 1886 and 1887 were marked by the eruption of an endemic disease of a most deadly nature. We have not seen any detailed statement of the prodromes, symptoms, etc., but

all accounts agree in attributing the pestilence to the concentration of mineral matters in the sources of water supply. If such be the case, a study of the malady should develop some valuable matter, and we should be very much obliged to the physicians of these localities if they would send us the history of some of their cases. If these protracted droughts are to be henceforth a climatological feature of regions of our country, some legislative steps should be taken in the direction of procuring proper water supplies. Artesian wells would, in many instances, solve the problem, but where these are impossible, the general government might turn its attention to the damming of the non-navigable streams, and the production of reservoirs containing perennial supplies of healthful water.

Medico-Legal Entomology.—Some time ago a note was made in the JOURNAL of the fact that certain experiments and studies made by M. Laboulbène under direction of Dr. Brouardel, tended to show that the age of a cadaver, or the length of time which had elapsed between death and the moment when a cadaver was exhumed, could be determined with considerable exactness by a careful study of the larvæ of the sarcophagous insects found in and on the cadaver. Since the first announcement of the fact the matter has been industriously pursued, and at the séance of the Académie des Sciences of Nov. 14th last, M. Magnin made a further report on the subject. The report states that the exhumations made by order of Dr. Brouardel prove that bodies buried two metres (80 inches) deep are literally "devoured by worms," exactly as those are which are left exposed to the atmosphere; that these worms are the larvæ of certain groups of insects (4 dipters, 1 coleopter and 2 thysanures), and that each appear only at a certain definite stage of decomposition. These facts being known, the study of the habits of the insects and their larvæ give an approximately accurate scale by which to estimate the age of the cadaver. This point becomes of great importance in medico-legal examinations very frequently, and a life may often depend upon its accurate determination.

Death of Spencer F. Baird.—American science has lost one of its most solid and thorough representatives and exponents in the death of Spencer F. Baird, late Secretary of the Smith-

sonian Institution and chief of the U. S. Bureau of Pisciculture, who died in the city of Washington during the month of November. The writer had the pleasure of knowing Dr. Baird quite intimately and of enjoying a correspondence with him for many years, and can assert that a more thoroughly practical, truthful and withal scientific man never lived. Succeeding the lamented Professor Joseph Henry in the secretaryship of the Smithsonian, he not only carried out the general ideas of his predecessor but introduced many far-reaching plans of his own, which were being worked out when death so inopportunately relieved him from duty. While a great institution like the Smithsonian, is fortunately not dependent for its usefulness and success upon the talent and labor of any one man, nevertheless the death of Prof. Baird will, for a time at least, seriously cripple its plans and management. Of Prof. Baird's numerous works it is not necessary here to speak, as they are too well known to need even a reference.

A Curious Case of Atavism.—Dr. Paris, of Chalons-sur-Marne, relates, in the *Archives de Neurologie*, a curious case of atavism, the main points of which were as follows: An idiot of fifteen years of age, who was so utterly imbecile that he could not be taught to utter a single word, or to learn even the most elementary things usually taught to idiots, every day, at a certain hour, would hum over a number of ancient musical airs. It was done almost faultlessly, not only in expression, but as regards the music, and curiously enough the airs were always sung in the same relative order, there being not the slightest variation from day to day. No one knew where he learned or ever heard them. Facts like these are very rare in medical literature. Morel has published the history of an idiot, whose father and grandfather were drum-majors, and who, upon a drum being handed him for the first time in his life, instantly executed upon it difficult rolls. In the instance first mentioned the idiot had no musicians, at least no instrumentalists, among his immediate ancestors, and while all the family loved to sing, he had only heard his father and mother sing during his infancy. In this case, every effort to awaken intelligence in the idiot failed, and only one portion of his entire nervous system seems not to have totally degenerated. It is evident that this portion was prepared by heredity, and that he was born with a certain musical instinct, as in the case of Morel's drummer.

The Philadelphia Leprosy Embroglio.—In the December JOURNAL it was noted that Dr. Van Harlingen had presented a case of leprosy to the Philadelphia county medical society, and detailed two other cases. He stated, among other things, that it was his belief that leprosy was contagious. As a result the Board of Health fined him \$100.00 for not reporting these cases of contagious disease. As a result the following communication was sent to Dr. Van Harlingen by Philadelphia physicians: "As fellow-physicians, we are unwilling that you should be personally responsible for the payment of the fine which the Board of Health has, we think, unjustly imposed upon you. We, therefore, take great pleasure in enclosing you, for the purpose of reimbursement, and as a mark of our continued respect and appreciation of your personal worth and professional skill, a check for one hundred dollars. Although not desiring to commit ourselves collectively regarding the contagiousness of leprosy, we realize the fact that, in the past twenty years, lepers in variable number have been treated in various European and American cities without a known instance of contagion therefrom. We feel therefore, that the action of the said Board was, under the circumstances, unjust to you and to your patients." This was signed by Drs. Weir Mitchell, J. M. Dacosta and twenty other equally prominent physicians of Philadelphia.

The Specimen Copy Fiend.—The publishers of medical journals are always glad of an opportunity to furnish a specimen copy of their publication to anyone who asks for it in a proper way and with a legitimate object in view. As a class, however, they are imposed upon more frequently in this direction than any other publishers. There are scattered about in this big country of ours a number, unfortunately quite a large one, of men who call themselves physicians, and claim to belong to a learned, liberal and honest profession, yet who obtain their entire stock of periodical medical reading matter by begging specimen copies first from one and then from another publisher. As there are between two and three hundred medical and kindred publications in this country it is easy to see how one of these fellows, by industrious begging and lying, can keep himself supplied without asking the same journal so often that the request becomes monotonous or suspicious. Many of the journals keep lists of these

chaps, alphabetically arranged, and some of the older ones could print lists of "medical dead beats" that would astonish the profession. A movement was set on foot, some time ago, among the publishers, for the purpose of exchanging lists of such applicants as each has spotted by years of patient watching; but we are not aware to what extent it was carried out. The *Medical and Surgical Reporter* (Philadelphia) caught one of the fraternity of specimen fiends very neatly a few weeks ago and exposed him in a good natured but effectual way. The only mistake our cotemporary made was in not publishing the full name, instead of the initials, of the beggar.

Contempt of Court.—Of all the curious reading that we have enjoyed in some time, we think that afforded by a communication from Dr. F. E. Stewart to the current number of the *Druggists' Circular* certainly caps the climax. It affords a splendid illustration of the wisdom of the adage which advises the shoemaker to stick to his last. Whenever a physician strays from his own profession into the intricacies of the law, and especially of the patent laws of this country, his feet are in dangerous and slippery ground, no matter where his head or heart may be. In the present paper Dr. Stewart attacks the recent decision of the United States District Court in the matter of the suit of Battle & Co. against the Grosses (Daniel W. and Edward Z.) for infringement of their copyright of Bromidia. He declares that the decision is not final or binding and advises the Grosses and druggists generally not to pay any attention to it. Dr. Stewart thus puts himself in contempt of the United States Courts and advises others to place themselves in the same foolish and dangerous predicament. The queer part of the matter, however, is that every reason which he advances against the validity and justice of the decision is the strongest possible argument in its favor, and the reader must be obtuse indeed not to see that it is so. This view of it was evidently taken by the editor of the *Circular*, who says: "While giving Dr. Stuart's argument publicity on account of its novelty, we think it proper to remind pharmacists that they are bound by the decision so long as it is allowed to stand"—which advice is good, sound sense, like pretty much everything that emanates from the editor of the journal quoted.

Local Medical Matters.

The Sixth Annual Meeting of the Surgeons of the Wabash, St. Louis and Pacific Railway was held here on Dec. 21, last. A number of interesting papers were read.

The Health Commissioner felt rather uneasy at a late meeting of the St. Louis Medical Society, when one of the members exhibited pure cultures of the cholera bacillus.

The Committee which has in charge the project of building a structure for the St. Louis Medical Society is ready to receive subscriptions for that purpose, through its chairman, Dr. F. J. Lutz. All the members of the society should contribute as liberally as their means will allow.

The Question, as to whether "posting" houses in which cases of diphtheria exist, is an efficient sanitary measure is being considered by a number of our local physicians. It is more than probable that it will be brought up before the Medical Society for discussion, not as a reflection upon the actions of the Board of Health but as a means of arriving at the true inwardness of the method and its value.

Meat Inspection.—Our city fathers are wrestling with the question of inspection of foods in a manner that promises some real benefit to the people. They have issued invitations to specialists in microscopy, etc., to meet them and discuss the proper methods to be pursued in order to obtain the best results. The committee to whom the matter is referred meets on the 6th inst., and at that time they will listen to the views of those invited to assist in their labors.

The Clinical Reporter.—The local homœopaths are to have a new organ. Messrs. Foulon & Co., of 219 Chestnut St., are the publishers. Who the editors are is not mentioned, but they

will probably consist of the faculty of the Homœopathic Medical College of Missouri. Among the specialties promised in the prospectus is a department of "medical comicalities." Considering the name of the publishers this is quite appropriate. We have no doubt that they will be able to get some *fool on the staff* who will furnish such *ad lib*.

A Druggist of this City complained to us recently, stating that he received prescriptions which it was impossible for him to fill. These prescriptions emanate from members of the profession who are looked upon as not only respectable but leading physicians. The following are examples of these *secret remedies*.

R New Combination Powder, §vj.

As injection.

R New Compound Bismuth Mixture Specific §iv.

Teaspoonful at a dose.

Comment is entirely unnecessary.

Dull Times for Druggists and Doctors.—The down-town druggists are complaining most plaintively about the falling off of the prescription business, and some of them say that it has reached a point where there must be a turn or their occupation is gone. While the doctors do not say quite so much about it, a good many of them are heartily in accord with the druggists. It is probably true that St. Louis, or the business portion thereof, was never healthier than at present. The reasons for this are, to a certain extent patent—the clean, granite paved streets, the excellent drainage and the abundance of healthful water being chief.

The Archives of Dentistry will pass into new hands with the coming year. An association of prominent dentists has been formed for the purpose of publishing the *Archives*, and our old friend, Dr. Eames, who is a veteran in the dental profession, will occupy the editorial tripod. We wish the *Archives* an increase of success and do not know any dental publication which we could more heartily commend to all those dentists who are progressive and feel an interest in this special field. A series of most valuable contributions will appear in the *Archives* during the coming year.

Hydrophobia Again.—As stated in another part of the Jour-

mal, hydrophobia has been observed in Chicago. A few days later our local papers published an account of a case in the southern part of the city. The man was reported to bark like a dog, foam at the mouth and indulge in other blood-curdling exercises. In a few days he was improving wonderfully. Taking all these things into consideration, the probabilities are that the man did not have hydrophobia; and, although it may hurt our *amour propre*, we will be forced to permit Chicago to lead in the matter of hydrophobia.

Health Commissioner Dudley made the following appointments, in December, the same having been confirmed by the Board of Health: Consulting Physicians to the City Hospital—Drs. Justin Steer, Frank R. Fry and I. N. Love; consulting surgeons to the same institution—Drs. N. B. Carson and A. H. Meisenbach; the consultants for the Female Hospital are, Drs. Walter Coles, G. A. Moses, G. F. Hulbert, L. H. Laidley, F. D. Moonsey and F. A. Glasgow; Dr. A. B. Shaw, consulting physician to the Insane Asylum; consulting dermatologist to the City Hospital, Dr. A. H. Ohmann-Dumesnil. All the former consultants remain in the positions formerly occupied by them.

A St. Louis Quack in Australasia.—In the *Australasian Medical Gazette* for Oct. 15th, we find a short résumé of the trial of a "Dr. Walter Horatio Allen, Surgeon," for practicing as an unregistered physician and for criminal negligence in conducting the accouchement of Mrs. John Edgeworth, of Murrumburrah, New South Wales. The defendant admitted that he had not graduated at any medical school, and based his claim to the title "surgeon" solely on the ground that his father was lecturer on anatomy at a college in St. Louis, U. S. A., and that he had read medicine under him. He also claimed to have taken courses of lectures. As there is no Dr. Allen in any of the medical schools here, Walter Horatio is probably a fraud out of the whole cloth. We have been unable to find the name in any of the recent college catalogues.

Epidemic of Crab Lice.—Of late several small epidemics of crab-lice (*pediculus pubis*) have appeared in this city. A number of the gentlemen so affected did not deem it prudent to advance the water-closet theory to their physicians, as this hypothe-

esis is generally looked upon with more or less suspicion. A circumstance, however, arose which shed considerable light upon the origin of one little outbreak. Four or five gentlemen, some connected with a hotel, the others guests, all called upon one physician for treatment. A search being instituted, it was discovered that the hotel water-closets were infested with the little pests. In fact, one closet was literally alive with the vermin. It may be mentioned, *en passant*, that women are very apt to acquire crab-lice by sweeping them up with their skirts, and this most often in street-cars.

No Small-Pox in St. Louis.—A wholesale drug house of the city received an order a short time since for some vaccine matter, and in the letter accompanying the order, there was a statement to the effect that the rumor was current in the neighborhood of the writer that small-pox was prevalent to an almost epidemic extent here (in St. Louis), but that the fact was concealed from the public. We can assert, most emphatically, that not only is there no small-pox in this city, but that there has been but one case of it brought to the attention of the authorities in over two years, and that this case was imported. The health department of St. Louis, under the management of Commissioner Dudley, is a model one in many respects, and we are sure that if there were any variola here the public would be instantly apprized of the fact. Rumors of the description alluded to are invariably started with the direct intention of injuring the trade of our city, and there should be some means of reaching and punishing the mercenary liars who set them afloat. Why could a damage suit, or a prosecution for criminal libel, not be made to stick against them? A place or community may be libelled as easily as an individual, and the damage is usually very great in such cases.

Diphtheria.—Diphtheria does not seem to have diminished in vigor in St. Louis. Fresh cases are being daily reported and it seems almost as if the health authorities were powerless in coping with this dread disease. The mortality continues to remain about the same proportionately to the cases treated.

SPECIAL.

The Amende Honorable.—On receiving the volume of proceedings of the American Otological Society at their annual meeting for 1887, we discovered that in the Index of Otological Literature quite a number of articles, taken from the Department of Diseases of the Eye and Ear of the JOURNAL, had been catalogued as "anonymous." Feeling that a grave injustice had been done Dr. A. D. Williams, the editor of this department, we addressed a letter to Dr. J. J. B. Vermyne, Secretary of the Society, and called his attention to the matter. We promptly received an answer from him stating that the Index in question had been gotten up and arranged by a committee of members of the society, and that he was in no wise responsible for what he admitted was a great injustice to an earnest and honorable worker in the department of otology. He further stated that he had called the attention of this committee to the matter and he had no doubt that they would find some means of rectifying or atoning for the same. As we go to press we are in receipt of a letter from Dr. Clarence J. Blake, of the Committee on the Otological Index of the Proceedings, in which he says that the classification of the articles in question as anonymous, arose from a misunderstanding, and that the proper corrections would be made in the ensuing volume of the Proceedings of the Society. This is a graceful acknowledgement of an unintentional error, to a gentlemen whose work is always valuable and practical, the best evidence of which is the frequency with which it is quoted, not only in American but in French and German journals.

Pathies in Medicine.—An old and valued subscriber to the JOURNAL wrote the Business Manager a short time since to drop his name from our subscription list at the expiration of the year. Following our usual custom in such cases, in acknowledging the receipt of his letter, we asked for what especial reason, if any, the old and hitherto mutually pleasant relationship had been severed. The answer came promptly, and was to the effect, that he, the subscriber, "had dropped the practice of allopathy and adopted Burggräve's new dosimetric system. "Dosimetry," continues our correspondent, "however, is based on liberal principles and is able to assimilate anything devised to cure disease on a sure mathematical foundation, and as such, is based on clinical experiment, and not so much on pathological anatomy. For this reason it may be best for me to *continue* my subscription to the JOURNAL which

as an allopathic journal, is liberally, scientifically and progressively conducted. I own that I have received many good hints, and have advanced my knowledge by reading the *St. Louis Medical and Surgical Journal*."

Fully appreciating the compliment and the kindly spirit which dictated, not only it, but the renewal (instead of discontinuance) of the subscription, we cannot help wondering at the strange fatuity which causes a physician of so much good, sound sense and honesty of conviction to think that it is necessary for him to step outside of so-called "allopathy" to embrace anything which he may consider true and valuable in the art of healing.

We say "so-called" allopathy for the word (allopathy), as applied, is a misnomer, and has no place among the true followers of the science and art of medicine. It is a base mongrel, an useless epithet applied to the ancient and honorable body of the profession, to distinguish them from the seceders therefrom who have gone off after strange gods.

The true physician is he who adopts as a cardinal motto: "search and try all things and hold fast to that which is good."

What is called "allopathy" is not a "pathy" or a system, but a true eclecticism which finds good in all systems and none all good; and he approaches nearest to the perfect model of a physician who, keeping abreast of the march of human knowledge, seizes upon each and every demonstrated fact, whether in physiology or pathology, therapeutics or hygiene, chemistry or physics, and makes use of it as one more weapon placed at his disposal in his life-long battle against disease and death. He who, engaged in deadly combat with a mortal foe, would refuse a knife because it was not of Sheffield steel, or a pistol because it was not the latest model of Colt or Remington, would be as wise as that physician who refuses a method or a remedy that promises good results, simply because it was devised by a homœopath, invented by a hydropath, or recommended by an eclectic.

If our good friend thinks there are great advantages to be derived from dosimetry (and we do not deny that there are at least some excellent features in it), what need of his quitting his ancient fellowships or ceasing to read his old-time journals? Let him rather draw closer to his brethren, and exhibit to them the good that he has found.

But let him beware of systems in medicine! As Cayol said in his celebrated critique upon the system of Louis (who thought the glands of Peyer to be the seat of all human ailments), "systems in medicine are idols to which human victims are sacrificed."

The *JOURNAL* has on its subscription list many adherents of homœopathy and eclecticism, who take it because, like our dosimetric friend, they find in its pages much that advances their knowledge of medicine, and to them, not less than to him, our words are spoken.

THE ST. LOUIS Medical and Surgical Journal.

VOLUME LIV.—February, 1888.—No. 2.

Original Contributions.

DOUBLE COMEDO.* BY A. H. OHMANN-DUMESNIL, A. M., M. D.,
of St. Louis.

II.

Before considering the pathology of double comedo, it may not be out of place to give a hasty review of the development and anatomy of the sebaceous glands, together with a short notice of the pathology of comedo. The subject of development is one which is always of the highest interest and there has been but comparatively little work done so far, in this branch on account of the vast territory which must of necessity be covered. Although the modern division of medicine into a number of special departments has given an impetus to special research, the time has been too short to permit any one to say that he has completely exhausted any one subject. It is for these reasons that I do not hesitate to say a few words concerning the development of the sebaceous glands, upon which there seems to have been but comparatively little written, up to the present time. In all literature to which I have had access, the only authors, who make any extended mention in regard to this subject, are Unna and Kölliker, and the latter is by no means as complete as he might be.

The sebaceous glands begin to make their appearance at or about the fourth month of development, in the human embryo. This is the earliest indication and we find it on the sides of the forehead. About the fifth month these glands are developing in nearly every portion of the body, and, at this period, can be found in almost every stage of development. The drawings, which are appended, are from preparations obtained from the

*Read before the Ninth International Congress, 1887.

scalp of an embryo between the fifth and sixth months, and three stages in the development of the sebaceous gland are represented. Even in a very small space we are enabled to find such examples. The reason for this has not been satisfactorily explained. As Eschricht observed long ago, this development is *pari passu* with the development of the hair and its follicle, a circumstance which would seem to indicate that the gland is a mere outshoot of the other, confirmatory proof of which is furnished by the various stages of development.

The first indication of a sebaceous gland consists in a thickening, or rather swelling, of the wall of the hair-follicle (Fig. 11).

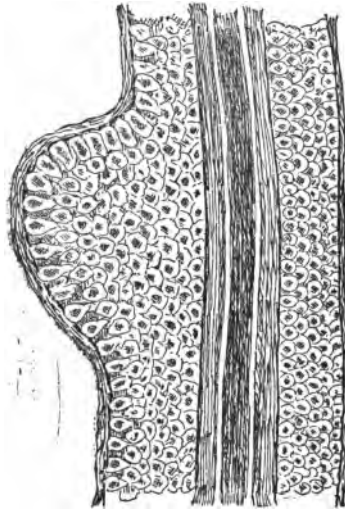


Fig. 11.

This apparently consists of a proliferation of cells, which has taken place between the internal and external layers and has thus formed this boss or bulging portion. At first scarcely perceptible, it becomes more and more prominent, and pretty soon it stands out in a well-defined manner. In another and more advanced stage we find that some differentiation of form begins. A greater or less constriction takes place at a point of the projection which corresponds approximately to the *niveau* of the outer part of the external layer of the root-sheath of the hair (Fig. 12). This constriction then increases on the lower side and the entire mass ap-

parently falls and assumes somewhat of a pyriform or flask shape, or looks like a bud growing downward (Fig. 12). In time this form becomes more or less marked until it may extend even lower down than the level of the hair-follicle; or it may never

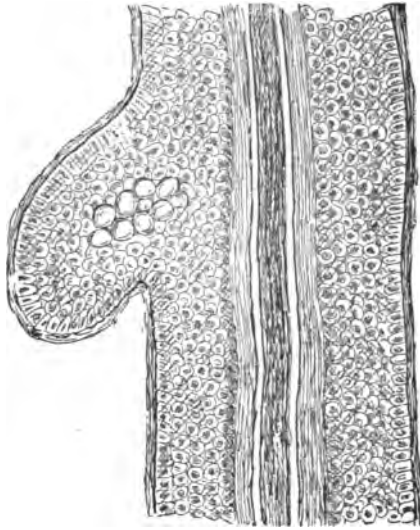


Fig. 12.

extend beyond a very slight distance from the point where the original bulging took place.

We see all of these stages well defined, and there is no difficulty whatever in tracing the relations between them. They are plainly derivatives one of the other. The scalp of a five and one-half months' foetus will show these, especially if that portion be taken which lies directly in front of and above the ear.

As will be shown later on, the sebaceous gland is surrounded by a very thin and apparently structureless membrane which holds a layer of cells in position. We find that, in the development of the hair, a membrane forms around the external layer of the root-sheath and when the bulging takes place, to form the future sebaceous gland, this membrane is pushed out and ultimately becomes the thin support of the walls of the gland.

The structure of the mass, which is to become the sebaceous gland, is the same, in general, as that of the root-sheath at the

point where the bulging takes place. We have this boss composed chiefly of polygonal or round cells, distinctly nucleated (the nuclei being large) and somewhat closely packed together. These cells are at first continuous with those of the root-sheath (Fig. 12), but changes take place later on.

We know that the hair is an epidermal structure and that it is formed by a dipping in of the epidermis into the skin. The layers of the root-sheath correspond to those of the epidermis. After the primitive hair-cone has been differentiated the development of the sebaceous glands begins. By this time we are enabled to see that the innermost layer of the root-sheath corresponds to, and is continuous with the horny layer of the epidermis; in like manner, the external layer of the root-sheath corresponds to that of the lowest layer of cells of the mucous layer of the epidermis, or what becomes later on the pigment cells of the rete mucosum.

Now, it is well known that this layer differs from the other portions of the rete malpighii in the fact that whilst those portions are composed of polygonal cells of a particular character—the prickle cells—those forming the lowest layer and situated immediately over the papillae, are columnar and arranged side by side, in a very regular manner, besides which they generally contain pigment. These very characteristics, of being columnar cells and arranged in a regular manner, are observed in the lining cells of the sebaceous gland in a very early stage of its development (Fig. 12); and by exercising a little care in the examination, this layer of cells will be found to be continuous with a similar one in the root-sheath, and this latter in turn with that of the rete malpighii.

To return to the development proper of the gland: when its growth has arrived at that stage when it is pyriform, a change begins to take place in the central portion. Some of the cells begin to change in appearance, and it is noticed that fatty degeneration is beginning to take place. This goes on in all directions and in a comparatively rapid manner. After a certain time, this fatty metamorphosis, extends into the constricted portion of the mass (Fig. 13), and works its way gradually toward the internal surface of the root-sheath. When this locality is finally reached the cells, filled with oil globules, find

their way between the hair shaft (which is now formed) and the root-sheath, and we have the first indication of sebum. In this

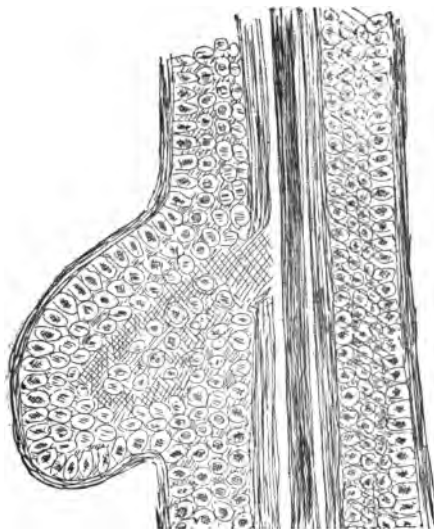


Fig. 13.

process, the innermost layer of the root-sheath is destroyed at the point where the cells force their way; and we have the duct, from the sebaceous gland to the hair sac, fully established.

This, of course, is merely an outline sketch of the development of one acinus. The others are formed in a similar manner by, so to speak, secondary bulgings, and these, in turn, become pedunculated and form, each one, its own canal. The limitation of the number of lobules is probably due to the relative density of the surrounding tissues, as the more dense they are the greater will be the resistance to be overcome; and, consequently, the smaller the number of acini. Should there be but little or no appreciable resistance in any particular direction, it may happen that the lobule forming there will become much larger than the parent and usurp, to a considerable degree, its functions.

The sebaceous gland is merely a secondary growth. It is developed from the root-sheath of the hair and only after the hair itself has developed to a certain degree. The gland depends, for its existence, upon the hair-sheath, and, although it may grow to

such dimensions as to make the hair really secondary to it in importance, it still remains the offspring of the latter. This would seem to confirm the opinion, long held by many dermatologists, that these glands have for their functions the lubrication of the hairs. It is only natural that where hair has apparently disappeared, as a result of evolution, or rather, that in these localities where hair is only rudimentary, the more vital, the better nourished and more important layers of cells should thrive more; and this may in part, at least, account for the presence of large sebaceous glands in conjunction with fine lanugo hairs.

In considering the development of the sebaceous gland, it was stated that the central cells underwent fatty degeneration, this being probably due to pressure and a lack of pabulum combined. Now, why do not the other cells also suffer this change? This is a very difficult question to answer with any degree of accuracy or of satisfaction. Yet it seems not unreasonable to suppose that the columnar cells retain a good many of the characteristics which were inherent in them, when they formed a part of the developing skin. In the mucous layer they possess a great deal of resisting power, and thoroughly guard the corium against any encroachments from without. They seem well adapted to resist pressure and this is probably the reason they escape fatty metamorphosis in the sebaceous glands. Besides this they constitute a wall and give form and solidity to this wall. They are rather cuneiform, at first, and are arranged so as to form arches, as perfect in construction as could possibly be desired. This construction, of course, greatly increases the power of resisting external pressure during the process of development of the gland. Later on, where some pressure is not only necessary but desirable, we find that the form and distribution of the cells have changed and this will be mentioned in the consideration of the anatomy of the sebaceous gland.

There is a somewhat different development which takes place in the case of glands which open directly upon the surface of the skin. Here, instead of a bulging of the hair-sheath, we have, so to speak, an absence of hair development; and, that which might otherwise have become a hair-follicle becomes a sebaceous gland, in a manner similar to that already described. A dipping in of the epidermis takes place (Fig. 14), and the lower extremity be-

comes larger, the entire prolongation consisting, at first, of a mass of cells as in the primitive hair. The process already described takes place and, by the further enlargement of the lower portion, we have a sebaceous gland formed, whose different acini are secondarily formed by a species of budding. The fact

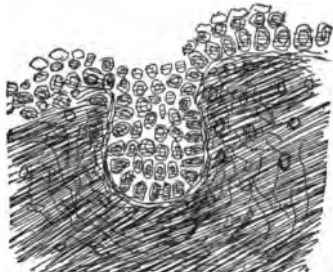


Fig. 14.

that the mode of development is primarily the same as that of the hair and that the differentiation takes place as it does, would seem to argue that the arrest of hair development which takes place is merely in accord with the general process of evolution which is going on gradually in man. Even in some of these glands, it is not so clear that a primitive attempt at a hair does not take place, only to be cast off without the formation of a papilla.

A CASE OF SCARLATINA IN UTERO, WITH REMARKS. By W. B. DORSETT, M. D., Superintendent of the Female Hospital, St. Louis.

A. B., age 21, married, admitted to Female Hospital Sept. 16th, 1887; diagnosis pregnancy; primipara; seventh month.

Upon writing her history it was ascertained that just before entering the hospital, she had recovered from an attack of scarlatina, and it was therefore deemed advisable to isolate her from the other puerperal women. She was accordingly transferred to another division to await her confinement. Upon questioning her closely in regard to her previous ailment, she stated that she had only a slight attack of the disease, attended with only a slight eruption, and was confined to bed but a few days. There were but few perceptible evidences of any sequelæ. The tonsils were

somewhat oedematous and the pharynx slightly inflamed. She gave no history of any venereal disease, and aside from a slightly choreic and hemiplegic condition, antedating puberty, she was in a healthy condition.

On Nov. 21st, labor having set in, she was transferred to a lying-in ward, and there delivered of a well-formed, seven and three-quarter pound infant. Labor was normal in every respect. The placenta was abnormally large, soft and quite friable, denoting a previous inflammatory condition. The membranes however did not partake of this condition and came away intact.

The child's skin presented a most interesting condition—the typical desquamation of scarlatina. The furfuraceous variety extending over the entire trunk, arms and legs, and the scaly variety being present in the palms of the hands and on the soles of the feet. This condition is, so far as I have been able to ascertain, rare. J. Lewis Smith (Diseases of Children, ed. 1881, p. 203) calls attention to the subject and says: "Cases have been reported of scarlatina occurring in the foetus and manifesting itself by the usual signs" (presumably meaning desquamation, throat symptoms, albuminuria, etc); but cautions the reader by saying, "a clear diagnosis in such instances is difficult on account of the character of the scarlatinous eruption on the one hand and the nature of the cutaneous circulation in the newly born on the other," and adds that "it is *probable* (italics mine) that in those cases alluded to there was an error in diagnosis." Fourtueal states "that a woman waited upon her own husband and child, both of whom had scarlatina, during the eighth and ninth months of her pregnancy. Though she had no symptoms of scarlet fever, her infant had unusual redness of the skin and buccal surface, and difficulty in swallowing up to the fifth day. On the ninth day desquamation began, and at a later stage the nails of the fingers and toes separated." Megnert relates a similar case.

Several authors call attention to an eczematous eruption of infants, supposably caused by an altered condition of the mother's milk, she having just recovered from an attack of scarlet fever before the birth of her child. It is a well known fact that syphilitic children present cutaneous evidences of the specific virus at birth and pass through the different stages of the disease in after life. I am led to believe that the specific germ of

scarlatina may, in like manner, so effect the unborn as to leave at birth undeniable evidences of the previous impregnation with the specific poisoning. The often unrecognized cause of many miscarriages is, I suspect, often due, primarily, to an unrecognized case of scarlatina in the mother—scarlatina *sine eruptione*,—as in the case related by Megnert.

A bare knowledge of these facts may be, in medico-legal inquiries, of importance in the establishment of justice, and the practitioner of medicine should ever be on the alert as to the cause of abortions, particularly during the prevalence of scarlatina as well as any of the other exanthematous diseases. So far as variola is concerned, numerous instances have been cited in medical literature of small-pox affecting the child in utero and resulting in premature birth; or the child being carried to full term and born with the characteristic scars.

Correspondence.

THE FARNY SUTURE.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

Having read your article on the Farny Suture in the December issue of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL, and seeing that you claim priority in the application, if not in the invention of the suture, and in proof of this refer to an article in your journal for Jan., 1887, whereas the suture was patented July, the 13th, 1887. This invention (?) certainly has no claim to originality, for it is simply a modification of the false or dry suture, and has, no doubt, been employed by physicians, as a means of bringing the edges of wounds into coaptation, from the beginning of the present century, and for some cause was discarded and almost forgotten.

I was taught the use of this suture, and its application, from my Alma Mater, the Hospital College of Medicine, Louisville, Ky., while attending lectures there in 1875 and 1876. One of the worst objections to its employment, is, that the discharges from a wound are liable to dissolve the adhesive material and

thereby cause separation of the edges before union takes place.

However, because it is old, it does not follow that it is of no use, for it is a valuable appliance in the class of cases that the physician and surgeon will wisely select for its employment.

White River, Ohio County, Ky.

W. H. S. CRABB, M. D.

NOTE.—Our friend, Dr. Crabb, has totally misapprehended the tenor of our remarks, if thereby he understood us to claim the invention or discovery of the suture in question. We simply desired to point out the fact that it had been used and published long prior to the granting of the patent therefor. So far as the writer knew, however, it was original with him; but it was so simple and self-suggesting in certain classes of injuries, that he had no doubt at the time of first applying it (some ten or eleven years ago), that it must have been thought of and used by others. As our friend says, it is not applicable to *all* wounds, but neither is any form of suture or dressing, and the surgeon must be guided in its use by his discretion and ingenuity. It is a great outrage that a patent should have been granted for this thing, and we sincerely hope that surgeons will ignore the protection thus ignorantly thrown around a method that is by long usage the property of the entire profession. [EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL.]

The Pharmaceutical Era's Collective Investigations.—
In the December JOURNAL we made note of the fact that Messrs. D. O. Haynes & Co., of Detroit, Mich., the publishers of the *Pharmaceutical Era*, had offered a prize of \$50.00 for the best article on the "Relations which should exist between the Physicians and Pharmacists." This enterprising firm now announces that in addition to the papers elicited by this prize, the *Era* will present each month a question in practical pharmacy which is to be discussed by their readers and the result of this collective discussion will be presented from month to month during the coming year. If carried out according to the programme we are quite sure that most valuable results will be obtained in this manner and that the series of discussions will mark an era (as well as *The Era*) in pharmacy.

1888.]

Clinical Reports from Private Practice.

SEVERE CONCUSSION OF THE BRAIN, TERMINATING IN COMPRESSION.

By DAVID S. BOOTH, M. D., of Sparta, Ill.

At 2 P. M., Dec. 28th, 1887, I arrived at the bedside of Mr. J. S. B., who had been found in an unconscious condition on the public road leading from Sparta to Pinckneyville, Ill. Nothing definite as to the hour or time of receipt of Mr. B.'s injury can be made out, but as his team of mules was found locked to a tree some half a mile away from where he was found, it is conjectured, that in going down a steep hill, the mules ran away throwing Mr. B. out of the wagon on to the frozen ground, striking with his head first. He was seen to drive by a house about a quarter of a mile away from where he was found, some time between 9 and 10 o'clock, A. M. The weather was intensely cold at the time, and no doubt intensified the symptoms as well as being responsible for some. The mystery as to the manner in which Mr. B. received the injury, threw a cloud over the diagnosis, as at the best there is considerable hairsplitting between concussion and contusion of the brain, so much so indeed, that I have seen some of the most distinguished surgeons undetermined as to which it was, or if it was not a little of both. On careful inspection and examination of the patient's entire person, I could not detect any evidence of contusion, laceration or fracture, except a slight intumescence without discoloration, on the right side of the head, on a line with, and about two and one-half inches from, the external occipital protuberance. There was no paralysis. He was quite restless, yet his favorite decubitus was on the back, with his right hand under his head, covering the swollen spot alluded to above. Positive evidence existed that he had bled considerably from his right nostril, in that, the nostril was clogged with dry blood, some of the same adhering to his moustache. His right hand was covered, in places;

with blood, as was his coat sleeve, and I was informed that considerable blood was upon the ground near where he was found; but there was no evidence of injury within or without the nostril upon the nose or face, except two very small ecchymosed spots on the left cheek, with the skin entire, not even slightly abraded, and fully three inches from the nose. He was totally insensible and, in fact, remained so, except that, when he was called to in a loud tone of voice several times, he would either nod his head, or appear to mutter or make a suppressed noise that could not be understood, or was out of relationship to the question asked. Pulse weak, slow and irregular, counting 40; respirations 20, with an occasional sigh or stertor. I was informed that he snored a great deal before my arrival. Temperature was subnormal, extremities quite cold to knees and elbows. Pupils about normal in size, but insensible to light; eye-lids slightly open. My visit was about four hours after supposed time that Mr. B. had received his injury. Treatment pursued was jugs of hot water and hot flat irons placed to the extremities, frictions with whiskey and dry hand, bathing the face occasionally with water and camphor, with light wet compresses to his head. I remained with the patient in the neighborhood of three hours, and before leaving noted the following symptoms: Unconscious, uneasy, yet not markedly restless, temperature about 98°, pulse 72, pupils respond readily to light. I left instructions to continue the treatment, with this addition, that he was to be given 10 drops of a saturated solution of bromide of potassium every half hour, but if he became very restless give it every fifteen minutes until he became quiet, then as at first directed; this was left hoping that he would rally enough to swallow. I returned at the end of some nine hours, and was informed that they had succeeded in getting two or three doses of the bromide of potassium into the patient, when he passed into a pleasant sleep. At the time of my second visit, I found the patient sleeping quietly, with the exception of an occasional sigh and stertor; no marked change had taken place during my absence. I forgot to mention at the proper time, that the patient vomited twice during my first visit, the vomited matter containing a small quantity of a very dark grumous blood. I concluded that it came from the nostril and had been swallowed, the color showing that it had been acted upon

by the secretions in the stomach. But the query arose, was the blood to be interpreted as connected with fracture of the skull at the base of the brain? I frequently counted his pulse and respiration, and examined his pupils and after a lapse of about two hours I discovered that his pulse had run up to 104, respirations 24, pupils unequally dilated, the left the most. Some thirty minutes after making this discovery his respiration became very slow, weak, jerky and almost inaudible; the pupils increased in dilation, the left the largest, the pulse remaining strong, full and frequent, 120. Suddenly, respiration ceased, pupils fully dilated, but no change in the pulse, heart's action strong, and continued to act for ten or fifteen minutes after respiration had stopped. I practiced Marshall's ready method, but with only temporary success, using camphor and ammonia carefully to his nostrils, while the attendants rubbed the extremities. But all failed and at 4:00 A. M. he passed to the world beyond, without a struggle, from rupture evidently of a vessel in the region of the respiratory centre, converting that which was a severe concussion of the brain into a compression of the same organ. This man was never known to use intoxicating liquor as a beverage, he being one of our most devout citizens in word, act and deed.

THREE CASES OF EMBOLISM OF THE CENTRAL ARTERY OF THE RETINA. By A. D. WILLIAMS, M. D., of St. Louis.

I have, within the last few years, had opportunities of carefully studying three cases of embolism of the central artery of the retina, one in a man and the two others in women, and have thus been enabled to make a study of the symptomatology, which in the scanty condition of the literature of the subject may be valuable.

The source of the clot is usually the heart, but inflammation anywhere, in any of the larger veins may be the cause of fibrinous deposits from which a particle may at any time become detached and finally lodge in the retinal artery. When the embolism completely plugs the trunk of the artery, total blindness results almost instantly; but if a branch only be plugged, it is but the corresponding part of the retina which is blinded.

Case I.—A. B., a middle-aged Scotchman, apparently in perfect health, was pulling off his shoes to go to bed, when suddenly he became blind in one of his eyes, the loss of vision being complete, except in one small spot between the optic nerve and fovea centralis. I saw him early on the following morning. Externally the eye was perfectly natural in every respect, but the ophthalmoscope gave a picture far surpassing the work of any artist, and revealed the whole secret.

The optic nerve was white; the retinal arteries looked like white threads; the veins were flat, like pale reddish ribbons, with an occasional black portion where a little venous blood still remained. The retina around the optic nerve presented a solid snow-white appearance, slightly tinged with blue. The whiteness faded gradually away toward the equator and assumed a red appearance toward the periphery. A small round spot in the macula lutea was of a bright cherry red, contrasting strangely with the white retina. A narrow strip of the latter extending from the optic nerve nearly to the macula lutea, presented a perfectly healthy appearance. On examining it I was surprised to find that with this narrow strip of retina the patient could see almost perfectly. The area of sight at ten feet away was about 2 feet horizontally by about 4 inches vertically, while a block away he could see a whole wagon and team. The vision in this spot continued good for several years at least. The last time I saw the patient, he told me he thought it was failing gradually.

The explanation of this strange fact is that this small part of the retina received its blood supply from some other source—most likely the sclerotic—than central artery; consequently the embolus did not cut off its supply of blood. The other phenomena are all easily explained.

The arteries look like threads, because they are empty and only the white walls are visible. The veins collapse, showing only here and there spots where a little blood still remains.

The blood supply is entirely cut off from the retina, which, when bloodless, is white. The macula lutea is red, because that spot in the retina is transparent and the blood of the choroid is seen through it.

The prognosis is practically hopeless. In the course of a few days the retina regains its normal red color and the vessels

fill up again by the establishment of collateral circulation, but vision does not return with it. The final result in these cases is that of typical white atrophy of the nerves. That is the present condition of this case. After a few days embolism cannot be diagnosed except by the history, as it soon assumes the appearance of white atrophy.

Case II.—A middle-aged woman became suddenly blind in one eye; except in the extreme periphery there was a little vision. Though this case was two days old when I first examined the eye, the peculiar characteristics, as given in the first case, were present, except the narrow strip of normal retina between the optic nerve and macula lutea, making the diagnosis equally as certain as in that case. The trouble ran the same course and the result was the same. If embolism of the central artery of the retina is seen soon after it occurs, the diagnosis is extremely easy. In the first case the plug came from the heart; in the second case I could not find whence it came.

Case III.—This case came to me during the second week of January (last month). The patient, an old lady, consulted me for a sudden blindness of one eye, stating that four evenings previously, while lighting a lamp, vision suddenly left one eye. There was no pain at the time, nor did other symptoms follow. Her general health was good. From the history I diagnosed embolism before ophthalmoscopying the eye. I found the characteristic symptoms, as given in the foregoing cases only they were not so well marked, for the reason that collateral circulation was already established to some extent. The snow-white retina as a back-ground, was visible, but seemed to be uniformly smirched over with red. The macula lutea presented a most beautiful cherry-red appearance, but was oval in form, showing that the macula naturally was not so round as it usually is. These appearances were sufficient to settle the diagnosis. There was a little vision in the extreme margin in one direction. The eye is hopelessly blind.

The Hospital Saturday and Sunday Fund amounted to nearly \$20,000, on Jan. 7th last, in New York.

THE CALLOUSNESS TO PAIN OF ORIENTALS. By WALDO BRIGGS, M. D., of St. Louis.

In the JOURNAL for December last, you had an article entitled "Hysteria in the Male" (ST. LOUIS MED. AND SURG. JOURNAL, Vol. LIII, p. 384), in which you quote from various writers concerning the insensibility to pain shown by Oriental peoples generally. Among other things, you quote Dr. Bruch as saying "they submit to an operation exactly as though it were being performed on somebody else."

I was most forcibly reminded of the truth and aptness of the illustration by an incident which recently occurred at my clinic at the Beaumont Hospital Medical College.

Lee Gee, a Chinese laundryman, holding forth at 814 Clark Avenue, accompanied by a half dozen chattering fellow-countrymen, presented himself at the clinic to be treated for some trouble of the foot. On examining the member, I found necrosis of the *os calcis*, and by means of his and my own command of Pigeon-English, made him understand that it would be necessary to operate on him. He readily consented, and not dreaming that he could or would submit to it without etherization, I had him placed upon the table and the assistant commenced administering the anæsthetic. His fellow-countrymen meanwhile looked wonderingly on, jabbering among themselves in an excited manner. In a few moments, the patient began to show symptoms of the primary ether intoxication and commenced to laugh, shout and raise Chinese Cain generally. The wonderment and excitement of his compatriots lost all bounds, and after a few exclamations in pure Celestial, one of them broke out with "Hellee! dlunk all same like Melican man!" and then they made a rush, in a body for the door. Finding this locked, they took seats and covered their eyes with their hands, moaning in anguish at the bare thought of the moral degradation of their countryman.

The operation over, and Lee Gee being still pretty drunk from the ether, the door was unlocked, but instead of waiting for their comrade, the attending Celestials made a rush for the open air and presumably for Chinatown, as they did not come back. Not wishing to trust the poor fellow to the tender mercies of the street gamins and hoodlums, I told my assistant, a student, to

take him home in my buggy. Mr. Moore says he will not soon forget that trip. All the way down the street Lee Gee shouted, sang and whooped things up in Chinese, while the boys made things lively for both of them in their own peculiar way. He finally disposed of his burthen at the home of the latter, leaving word that Gee should return to the clinic at a certain time, when further attention would be given him.

On the return of Lee Gee to the clinic, attended as before, I found that further surgical interference was necessary, and so told him. He simply grinned and remarked, "me not gettee dlunk dis time. You cuttee—me stand it."

Thereupon he deliberately placed his foot out and told me to go ahead. I proceeded with the operation, and not only did he "stand it" without a groan or shiver, but he sat and laughed and chatted continuously during the operation. Several times he picked up instruments from the case and asked what they were for. On being answered he would turn to his companions and make a remark in Chinese, whereupon they would roar with laughter. Asking him what he had said to cause so much merriment, he answered that he was lecturing them, to make doctors of them "like Melican doctor mans." Once he abruptly inquired how long it would take to make a doctor of *him*. Of Chinese doctors he expressed great contempt—"give medicine, yes: no cuttee; no gottee sense."

The operation and dressing over, the party left as they had come, laughing and jabbering—the patient being the liveliest of the party.

No one who was present had ever before seen such a specimen of nerve and stoicism. What would have been insufferably painful to an European or American was borne not only without complaint, but with smiles, chatting and laughter, and I report this case as being so perfect an illustration and confirmation of the facts stated in the article above referred to.

D. B. Sachs, Editor of the Journal of Nervous and Mental Disease, has retired, and Dr. Græme M. Hammond has assumed the tripod.

[Feb.,

Editorial Department.

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DOES REGULATION REGULATE?

A recent decision made by an Illinois Court, in reference to the rescinding of a license to practice medicine, is one which we fear will be far-reaching in its effects for evil. The defendant had his license revoked by the Board because he advertised in the newspapers, this being considered unprofessional conduct by the Illinois State Board of Health. The Court in its decision made two points which are undoubtedly sound law. In the first place, it maintains that the Board cannot take action without first notifying the defendant of the contemplated action and thus affording him an opportunity of defending his position. In the next place, the Court contends that the right to advertise one's business is one which every citizen enjoys and of which he cannot be deprived; that physicians as a class cannot be discriminated against any more than the members of any other profession, trade or of any mercantile business. If this is true, and it looks that way; or if the Court is upheld in its decision, the most disastrous results, so far as the controlling powers of the Board are concerned, are very apt to follow. The prestige so

long enjoyed by this body will slip from its grasp and quacks and charlatans will have things pretty much as they like.

If a State Board of Health is not permitted to regulate the issuance of licenses to physicians what is the proper remedy? This is a question the solution of which is of vital importance to reputable practitioners of medicine, not only in Illinois, but in every State of the Union. In such a contingency there can be but one course left, and that is to adopt the system pursued in some countries of Europe, viz: Accept the diploma of no school and make the qualification of a physician the passing of a successful examination, before a board appointed by the government. Of course, several boards could be appointed to act in different sections of the country, but a uniform system of examinations conducted by competent and honest men would give us a better class of physicians and we will venture to assert that there is not a reputable medical college which would oppose such a system.

The State Boards of Health have endeavored to perform some things not only beyond their domain, but also beyond the ordinary powers of individuals. They have endeavored to make some physicians reputable who have no tendencies in that direction, a function which we think should be relegated to the domain of pure ethics. Moreover, they have not yet succeeded in educating the public to the level of this moral code and until they do, the former task will be a well nigh hopeless one.

SCIENCE vs. MIRACLES.

In a popular article on Hypnotism prepared by the writer some time ago for the scientific department of a secular journal, he took occasion to point out the exact similarity of some of the phenomena of this condition, as brought out by the Investigating Committee of the Paris Société de Biologie, to the miracles of the Middle Ages, referring more especially to the stigmatizations produced by Drs. Bourrou and Bossu of the Asyle La Roche upon one of the former students at the Naval Academy of La Roche. These were compared with the stigmata of St. Francis of Assisi, and of the long line of stigmatized saints, male and fe-

male, from him down to the bleeding girl of Lourdes, and the ground was taken that both sets of phenomena were identical and due to the same natural causes. All of them are "miracles" in the true sense of the word—that is, something to be wondered at; and so, for that matter, are all of the phenomena of life when studied in that deeper spirit which is not content to say that the hand or the foot moves because the brain wills it, and the contraction of certain muscles produces it. In miracles, in the perverted sense of the word (i. e. supernatural phenomena) no man of science to-day believes; in this, much resembling the later Greeks, with whom "*Thaumata morois*," or miracles for fools, became a proverb.

The stigmatizations of the saints alluded to, have, until very recently, been regarded by scientific men in various ways. Some ignored them altogether, as puerile inventions of religious chroniclers, who, like some of the patristic writers, thought it no harm to "lie for the glory of God." Others thought that possibly the stigmata were there, but that they were produced artificially, or like any other traumatism. This latter opinion was the most prevalent until very recently, when it has given way to the belief in the spontaneous nature of the phenomena, but relegating them to the class of those reflex nervous phenomena observable in hysteria, epilepsy and more recently, hypnotism.

Another standing miracle, which science has regarded in the same doubtful manner is the annual liquefaction of the blood of St. Januarius. Some, probably the greater portion, believe that this phenomenon is a clever piece of chemical trickery; others that it is simply a sleight of hand substitution—mechanical jugglery. All utterly disbelieve the alleged miracle. The true key to the mystery, and one which would no doubt, unlock it, would the worthy custodians of the valuable relic permit a little scientific examination of it, lies in the power of a little microbe (the *Monas* or *Micrococcus prodigiosus*, a short bacterium of blood red hue, sometimes found in enormous quantities, as in the red-snow of Greenland) which has the property, common to many microbes, of liquefying gelatin, when plentifully supplied with oxygen, and of imparting to the liquid its own bloody hue.

The literature of the Middle Ages, and even down to our own

time, abounds in chronicles of bloody miracles, *signacula* as they are called. Rains of blood falling from heaven, springs of blood bubbling from the earth, streams of blood oozing from the walls, clots of blood forming on the floors of houses, etc., form the bases of innumerable stories, some of them told with vivid horror (as in Daubigny's History of the Reformation), as illustrating by miraculous manifestations the wrath of the deity. Ehrenberg's microscope put an end to the miraculous in these cases by showing that they were due to this *micrococcus prodigiosus*. And so it is, and ever will be, whenever science tackles the miraculous in the proper manner.

GLORY TO IODIDE OF POTASSIUM!

By a dispatch from London to the American daily journals of Sunday, Jan'y. 15th, the fact, long suspected and openly avowed by many St. Louis physicians, is apparently now about conceded in Europe, viz: that the malady of the Crown Prince was not cancer but syphilis, and that his rapid convalescence is due to the boldness and astuteness of an English physician who was sent to represent Sir Morell Mackenzie at San Remo, when the newly made baronet could not be there in person.

For months past, it appears from this dispatch, which is evidently backed by high authority, that this man whose head is destined, should he survive, to wear the crown of the most powerful and warlike of Continental powers, has enjoyed the sympathy of the tender hearted of earth, the prayers of the faithful of the Church Universal, and the unremitting attention of scores of doctors, because he was afflicted with a vulgar case of pox!

What a commentary! If a Te Deum is yet to be sung over the recovery of this Mighty One of Earth, let the choruses be

Freut Euch des Leberthrans und Iod-Kalium;

Schont nicht das freundlicher Hydrargyrum!

An almost exactly similar case occurred in St. Louis a couple of years ago. A middle-aged, wealthy and highly respectable gentleman, was afflicted with a tumor situated nearly like that of the Crown Prince. It was examined by the family physician,

who called in specialists, and unwillingly and sorrowfully the diagnosis of cancer was formed. The information was cautiously conveyed to the patient's family and to himself. Finally, a surgeon was called into the consultations to determine whether an operation was practicable, and if so, to perform it. He had learned something concerning the private history of the patient which caused him to suspect syphilis, and upon his advice potassium iodide in heroic doses was tried. The "cancer" disappeared in short order, and the "doomed man" now swears by the surgeon and good Saint Iodide.

A NEW DANGER FROM MILK.

The researches of David, recently published in the *Archives de Médecine*, indicates that milk is largely the source of infection whence come the aphthous stomatitis of adults and follicular stomatitis of infancy. By a series of examinations and experiments, Dr. David has proven almost beyond a possibility of a doubt, that this disease in the human being is identical with a similar affection of domestic cattle, especially cows and sheep. In a certain percentage of cases, the disease in the human being is strictly contagious, but in a very large proportion it is infectious—coming directly through the milk. The facts depended upon by David to prove this assertion are (1) the macroscopic and microscopic appearances of the two diseases, the bovine or ovine and the human; (2) the actual transmission of the disease to the human being from the animal and *vice versa*; (3) upon the parallel march of epizootics of the one and epidemics of the other; (4) upon decisive experiments wherein stomatitis was developed in the human within three or four days after the ingestion of milk from affected animals.

This array of concurrent testimony is conclusive, and we cannot doubt that in the milk supply of families we must look for the source of that vast number of cases of follicular stomatitis occurring in infants and very young children, many of which have never seen a cow or a sheep—certainly, never have been in contact with either animal. Such cases have hitherto been considered as idiopathic, and due to disordered digestion.

The method by which the milk becomes infected is not yet determined. As follicular or aphthous stomatitis in the human being has hitherto been considered as not merely a local, but a constitutional disease, requiring in many instances, general as well as tonic treatment, we may well believe that the milk becomes infected in the animal in the same manner. A habit common to cattle of licking the udder is also a manifest source of the transportation of the infection from the mouth to the source of milk, as is also the sucking of the udders by infected calves.

By whatever means, however, the infection is imparted to the milk, only a rigid and frequent inspection of the dairies will be efficacious against its occurrence, and we most respectfully appeal to our City Fathers, who are now wrestling manfully and honestly with the problem of food inspection, to put *stomatitis* in the list of diseases which should render the isolation of cattle, and the destruction of their milk a rule to be rigidly enforced by the inspectors.

Meat Punch.—An excellent way of administering meat powders or extracts in certain cases, is to make it up in a punch. Good whiskey, a lump of sugar, a half lemon (or a sprig of mint) will reconcile a man to almost anything.

Potassium Iodide in Infantile Bronchopneumonias.—According to M. Zinis (in the *Bull. générale de Thérap.*) potassium iodide, long used as an anti-dyspnoëic in the asthmas of the adult, finds an equally wide field of usefulness in the bronchopneumonies of infancy. It should be employed at the very outset of the disease, the dose being from 8 to 24 grains dissolved in 2 or 3 ounces of water or syrup, and given during the course of twenty-four hours. If it does not work a marked amelioration in the breathing in the course of forty-eight hours, it will be useless to continue the remedy. Dry cupping or a flying blister over the chest frequently assists the potassium iodide in a remarkable manner.

[Feb.,

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, Ph. D., M. D., of St. Louis, Mo.

Extract of Logwood vs. Hæmatoxylin.—Dr. Paneth announces, in the *Zeitschr. für Wiss. Mikr.* that he finds a solution of the commercial extract of logwood to answer every purpose of the costly pure hæmatoxylin, especially in Weigert's method of staining the central nervous system, etc. He takes 1 part of the commercial dye stuff, 10 parts alcohol, and 90 parts of distilled water, and after solution and filtering, adds a $\frac{1}{2}$ part of lithium carbonate.

Methæmoglobin Crystals.—According to Dr. W. D. Haliburton, the following is an easy way to obtain these crystals: Defibrinate a few cubic centimeters of the blood of a rat, guinea-pig, or squirrel, and add to it a few drops of amyl nitrite, and shake violently for a minute or two, or until the nitrite assumes a chocolate color. A drop of this is withdrawn with a pipette and placed on a slide, the cover-glass being applied immediately. In a few moments the methæmoglobin crystals will begin to form. By sealing the edge of the cover-glass, the crystals will remain unchanged a very long time.

If Physicians would only try the experiment for a few times of consulting the microscope in their doubtful cases of urinary disorders, we feel assured that they would never again attempt to treat these disorders without a competent microscopical examination. We feel further assured that when one becomes acquainted with the value of the microscope in this particular direction, he would be impelled to apply the same instrument and methods to the diagnosis of other troubles. He, who fails to do so, deliberately throws away the most powerful aid to diagnosis yet discovered.

Caution against Fatty Matters in Cultivation Media.—

In the course of a study by Luigi Manfredi, are reported (in the *Giornale Internazionale, etc.*) his experiments with cultivation media containing fatty matters. The results were that whenever the fatty constituent (as in broths) reached one-third of the total amount, the bacillus of anthrax failed to thrive, and that when it passed that proportion, the cultivation became exceedingly feeble, totally ceasing before two-thirds was reached. This is given as a matter of precaution to those who experiment with fatty broths, etc. It has, however, a value beyond this, viz.: that with the decreasing vitality of the specific microbes, their virus is attenuated, and that, consequently, by using a certain amount of fatty matter in the pure cultures, the virus is correspondingly attenuated.

Protecting and Repairing Nichol Prisms.—Mr. Ahrens, writing to the *Zeitschr. f. Wiss. Mikros.*, states that he has recently discovered a way to protect his polarizing prisms from scratching, viz: by cementing a thin cover glass to the ends. This is an excellent way to preserve the prisms, but unfortunately for Mr. Ahrens, he did not "discover" the method, or if he did, it was long after its discovery by others. As the readers of this journal know, the editor of this department suggested the method several years ago, and used it, not only for preserving the prism from scratches, but as a means of concealing and remedying the effects of scratches already made. For the latter purpose the prism should be most carefully cleaned with a very soft brush, benzol soap, and clear water. After thoroughly drying the surface, apply the cover-glasses to the ends with clarified dammar, and let the latter harden before attempting to cut away the surplus glass. Since adopting this plan, three years or more ago, we have had no trouble with polariscope prisms.

The Hopital St. Louis of Paris is desirous of receiving books, reprints and monographs, more particularly upon skin and venereal diseases. The staff has commenced a library which, by donations, has already attained very respectable proportions. All those desirous of contributing are invited to do so, and address their donations to Dr. Henri Feulard, 40 rue Bichat, Paris.

CLINICAL MICROSCOPICAL TECHNOLOGY.

XI. EXAMINATION OF SEMEN.

§XXIX. WHAT IS TO BE SOUGHT FOR IN SUCH EXAMINATIONS?
In the examination of semen with the view of determining its virility we much search—

1. For the presence of spermatozoa;
2. Their relative number, size and activity;
3. The relative vitality of the element under consideration.

There may be, and no doubt are, other elements in the problem, but if so, modern physiological investigation has not pointed them out with sufficient exactness to make it worth while for us to spend time over the discussion. Indeed, to a very large extent the entire matter is one of speculation, with this one fact pretty well established, viz: the spermatozoa constitute an essential element of fecundation.

Taking up the essentials in order, we may dismiss, as having already been discussed, the presence of these seminal filaments. Fortunately, there is no especial technical manipulation necessary to make their presence visible.

Their relative number and activity is a different matter. The amount of semen ejaculated in coition depends upon the age of the patient, his condition of health, and the frequency of coition. Commencing with puberty, prior to which they do not appear in the discharge, the numbers rapidly reach a maximum, and from this climax, until the decline of the vital powers from age, they (in health) do not appear to vary to any great extent. The sum total, so far as computation is concerned, in normal semen, is practically indeterminable, since the amount of the seminal fluid itself varies from 10 to 15 minims up to ten times so much.

The size of the cells, which is supposed to have a value in the determination of the procreative power, is another variable quantity which must be taken into consideration, but only when the average is below the normal as heretofore given.

The activity of the cells,—their rate of motion (which latter is the cause of their having been, up to comparatively recent times, considered as organisms enjoying life independent of the

body to which they belong, or in other words, individual organisms) is more easy to establish. The forward movement has been closely studied by several competent observers—Hensen, Lott, De Sinéty, Henle, Bizzozero, Kehrér, Beigel and Valette having made large numbers of measurements. The estimates vary within certain minute limits only, and even this variation may be accounted for by the erratic nature of the motion—this being due to the obstructions met by them (epithelial cells, etc.). Lott estimates the forward movement when unobstructed to be about one-seventh of an inch per minute, while Henle places it at something less, viz: two-seventeenths of an inch in the same length of time. This difference, small as it is, is easily accounted for by the differences occurring in the fluid portion of the secretion, which, as previously pointed out, is made up of a number of secretions not properly belonging to semen. A curious fact may here be mentioned in this connection, and that is that spermatozoa, removed directly from the testicles have scarcely any proper motion, probably from the very fact of lack of dilution of the fluid medium with which they are surrounded.

The duration of movement, and consequently of life, is a point concerning which considerable light has been thrown within the past two or three years, and an apparent paradox has been developed in the research. Semen placed on the life, or warm slide of the microscope, has been watched by many observers, and I have seen a few individual spermatozoa moving their caudal extremity vigorously, although without forward motion, as long as twenty-four hours after placing them there. The average duration, of movement however, at the temperature of the human body is from 4 to 6 hours. Dr. R. N. Reynolds, of Detroit, Mich., in a paper in the *Microscope* for Aug. 1886 (p. 196) states that when a test tube containing semen is sunk into a block of ice, the spermatozoa may be kept in active motion for 48 hours or more. Mantegazza states that he has submitted semen to a refrigeration of 10° C. and that the spermatozoa showed signs of virility for six days thereafter.

~ § XXX. THE TECHNIQUE in these examinations differs in no wise from that already described. Should it be desired to stain the spermatozoa an aqueous solution of eosin will do so in a beauti-

ful manner. A double stain may be obtained by using methyl green after the eosin staining. This leaves the "head" stained with eosin, the green taking only on the tails. For isolating them for mounting, an excellent method is that reported by Dr. Reynolds in the article referred to, viz: filtering the stained spermatozoa directly from the aqueous staining solution through a plug of absorbent cotton put into the neck of a small funnel. The greater portion of the spermatozoa remain in the cotton, but many thousands pass through, and can be removed from the watch-glass by a pipette and mounted in either glycerin or balsam.

Department of Dermatology and Genito-Urinary Diseases.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

Tuberculous Ulcerations of the Skin.—This subject has been somewhat elucidated in a thesis by Maurice Vallas. He distinguishes two modes of inception. In one the ulceration has for its beginning some traumatic lesion; in the other a pustule, which will not heal, is the initial lesion. The dimensions of these ulcers are variable, their form serpiginous, their walls vertical, surface red, granular, nearly dry and having small yellow points disseminated throughout. The ulcer is often multiple. Pain is marked, and the general condition of the patient is always bad, pulmonary tuberculosis being always present. In regard to the pathogeny of this disease, there are two theories, one being that the infectious agent is brought into contact with the anatomical elements by means of the blood; and the other that the infection is due to direct auto-inoculation. M. Vallas is a partisan of the latter view. There is but little encouragement held out in respect to the prognosis, which is always a gloomy one. In the first place, treatment seems to exercise no beneficial effects on

these ulcers and general pulmonary tuberculosis is always impending. As the best application, iodoform is recommended. Some other authors have reported fair results from the use of bichloride of mercury solutions.

Elephantiasis.—At a meeting of the New York Dermatological Society, held not long since, Dr. Bronson presented a case of elephantiasis of the legs (*Jour. Vener. and Genito-Ur. Dis.*) in a young woman of about 25. She first noticed the disease when twelve years of age, the greatest amount of increase having taken place within a year. The patient's mother had also suffered from the same disease. In the discussion which followed, Dr. Bulkley stated that it appeared that the disease was principally due to lymphatic oedema, and he would consider it an example of pseudo-elephantiasis. In summing up, Dr. Bronson stated that he did not think it justifiable to speak of a true and a pseudo-elephantiasis. He was of the opinion that any disease, in which lymphatic swelling was a feature, could produce elephantiasis. It was probable, however, that when true elephantiasis was referred to, that caused by the presence of the filaria was meant. It is well-known, however, that the affection is developed also in connection with old chronic syphilitic gummata, erysipelas and eczema. While Dr. Bronson is right in his position, from one point of view, it is a question whether in these last cases the disease is true elephantiasis, the entire matter resting upon a definition of terms.

Urticaria Pigmentosa.—This form of urticaria is a rare one and usually not difficult to recognize. Dr. George T. Elliot reports two cases in the *Journal of Cutaneous and Genito-Urinary Diseases*. The first case was a male, ten months old, in whom the disease first manifested itself when he was three months of age. It soon became universal. Pigmented spots were present on the face, arms, legs and trunk. Some were also found on the scalp. The other patient, a male of three years, had urticaria when a baby. The pigmentation appears as the wheals undergo involution and after a few weeks, gradually fades and disappears. New lesions and fresh pigmentation keep continually recurring. Both patients were very costive. This form of urticaria always begins in early life, and the lesions are, at first, iden-

tical with those of ordinary urticaria. The trouble will persist for years uninfluenced by treatment, the pigmentation fading slightly or disappearing altogether. There is always some itching present, and scratching serves only to irritate the skin and bring out a fresh crop of lesions. This is probably the reason why such an extensive portion of the skin is generally involved in this form of urticaria. The disappearance of the pigmentation may be hastened by the use of external applications.

Extra-Genital Chancres.—The importance of extra-genital chancres, and their relations to the public health, is such that it cannot be overestimated by the physician. For instance, an individual with a chancre of the lip may be the means of inoculating a number of others who are entirely innocent; or a nurse with a chancre of the nipple may be the means of spreading the disease, although this latter is not so likely to occur in this country as in others where wet-nurses are more often employed in families. M. Morel-Lavallée contributes the record of two interesting cases of extra-genital chancre to the *Annales de Dermatologie et de Siphiligraphie*. The first case reported is comparatively rare on account of the unusual site of the lesion. A blacksmith of 39, had an erosion in the left nostril on the nasal septum. The patient remembered having a sore nose and having frequently picked it with his finger after having handled a woman, in all probability syphilitic. The second case was a seamstress of 24, who was affected with two chancres of the upper lip and one of the lower. A peculiarity was that these lesions had an impetiginous aspect. In this case the chancres were probably unnoticed by the patient for over a week, a period sufficient to expose her family to contamination. It is on this account that it is always well to make some application which will deter others from submitting to kisses.

Calomel Injections in Syphilis.—The treatment of syphilis by means of the injection of insoluble mercurials is a subject which has attracted much attention of late on account of the good reports made in its favor. Dr. Edward Wilander sums up his experience in this manner (*Vierteljahreschrift für Dermatologie und Syphilis*): The treatment by means of injections of

calomel has marked advantages, especially in being simple and efficient. This method is so simple and convenient that, in this respect, no other method can approach it with the exception, perhaps, of the injection of other insoluble mercurial preparations, such as oxide of mercury. It is very powerful, which is seen by the therapeutic results as well as by the examinations for mercury in the urine, which contains marked quantities both during and after the treatment. Taking its great advantages into consideration, it may be said that, although it may not supersede other methods, the injection of calomel has a great future before it, the disadvantages attending its application being very slight. Abscesses were sometimes observed and perceptible infiltration in but a few cases. In the case of oxide of mercury, the mercury is rapidly absorbed, and, in a number of cases, a large amount of mercury was found in the urine. The injections are occasionally very painful and more so, in general, than when calomel is employed. No abscesses were observed to follow the injections and infiltration in but few.

Treatment of Infantile Syphilis.—M. Fournier in a lecture on infantile syphilis delivered at the Hôpital St. Louis, sums up, in the following manner, a number of important as well as useful points in regard to the treatment of a child born under suspicious conditions.

1st. A child born healthy, at least apparently so, having a syphilitic father, should not be treated, because we know that the *paternal* heredity is much less fatal than the *maternal* heredity, and that, consequently, there are chances of its having escaped the syphilis.

2d. A child born healthy, or apparently so, of a mother *formerly* syphilitic and who has shown no signs of syphilis during her pregnancy, should not be treated; for, although there may be chances of its being syphilitic, there are also as good chances of its having escaped.

3d. A child apparently born healthy so far as external appearances can show, of a woman *recently* syphilitic, especially if she has shown venereal lesions during her pregnancy, should be treated *energetically from the moment of its birth*. For, it is cer-

tain that, notwithstanding all contrary appearances, the child is syphilitic and its syphilis, latent in character, may break out at any moment and produce grave accidents, which may even be fatal.

SHORT TALKS ON DERMATOLOGY.

Under the above caption the Editor of this Department proposes, in each number of the JOURNAL, to give a short practical synopsis of the principal points attaching to the diagnosis and treatment of some skin disease. No attempt will be made to follow any classification, but diseases will be taken up as they suggest themselves.

XXVIII. *STRIÆ ET MACULÆ ATROPHICÆ.*

This condition of the skin is one which has long been known as atrophic lines and spots. The lesions consist of lines or spots which are smooth and glistening in appearance. The skin at their site is thin and apparently depressed, the whole presenting very much the appearance of a scar. In color there is some variation, from a whitish, pearly look, to a bluish hue. The lines vary from a twelfth to nearly a quarter of an inch in width, although not often more than one-eighth. In length the variation is still greater, being from three quarters of an inch to several inches. These atrophic lines are generally irregular or broken, their contours not being well defined. Sometimes the general course of the lines is curved or serpentine. The direction is more or less oblique, and when a number of lines exist they are somewhat parallel to each other. These streaks are by no means of rare occurrence.

The spots on the other hand, are roundish or oval in shape, varying in size from a millet-seed to that of the thumb-nail, and present the same peculiarities of color and appearance as the streaks. These atrophic spots are generally isolated.

Atrophic lines and spots have been divided into two classes: idiopathic and symptomatic. In the idiopathic form we find that it is principally the thighs, the pelvis, the trochanters and the buttocks which constitute the seat of this affection. The chest, back and other portions are also sites, and a few cases have been

observed in which the whole integument of the body was supplied with the atrophic lines. Some authors have described atrophic spots observed in the course of syphilis and of pneumonia, occupying the thorax in the latter disease.

In the idiopathic, as also in the symptomatic form, there is no inconvenience attending these lesions. There are no subjective symptoms, whatever. In this form (idiopathic) the evolution of the lines and spots is very slow and may continue for years. Both sexes are liable to be affected at any time of life. The causes are not known, or at best, obscure.

Some authors state that the condition begins by the exhibition of erythematous spots or lines which have a violaceous or light red color. These seem to be due to enlarged capillaries. After this, atrophic changes begin to put in an appearance. On the whole, as Duhring observes, it would seem as though there is first a hypertrophy which is followed by an atrophy. The microscopic appearance shows that there exists an atrophy of the mucous layers of the skin. Not only this but the papillæ of the corium are almost entirely obliterated. The connective and the elastic tissues are seen to occur as thin bundles. There are but few blood-vessels and these are smaller in calibre than the normal. The fat cells have all disappeared and the sebaceous glands, as a result of all these changes, become atrophied and undergo more or less degeneration.

The symptomatic variety of atrophic spots and lines is seen most often upon the abdomen and mammæ. It is due in general terms, to an extreme distension of the cutaneous structures. We see it occur in pregnant women, in those having large abdominal and other tumors and in fat persons. The lines are often seen in the mammæ, being caused by the distension of the skin during lactation. These lines, especially in the case of pregnancy, are sometimes called *lineæ albicantes*.

The connective tissue of the skin, as is well known, is arranged in rhomboid meshes and when the skin is stretched these rhomboids stretch in their long axes. When the force is strong or violent the bundles become parallel to each other, and remain in this position. In this manner an atrophic line is formed, the depression between the meshes forming the line. Beside this, the stretching exercises more or less pressure upon the tissues between the meshes and their nutrition is impaired to some extent,

resulting in an atrophy of the mucous and papillary layers of that portion of the skin.

There is no treatment for this condition, as it is essentially incurable, but, as it occasions no inconvenience, this is of but little importance. Beside this, there is no necessity for treatment even for cosmetic purposes, as the lines and spots are not situated in visible parts.

Department of Diseases of the Eye and Ear.

CONDUCTED BY

A. D. WILLIAMS, M. D., of St. Louis, Mo.

Hæmorrhage long after Cataract Extraction.—When Graefe's "Modified Linear Extraction" was first introduced, 23 years since, the incision was made behind the corneal margin, entirely in the sclerotic. Thus made, the cut would necessarily strike the canal of Schlemm. The result was, that in perhaps more than half of the cases after-hæmorrhages into the anterior chamber would take place. I have seen cases, operated on soon after the method was introduced, have almost daily hæmorrhages for 3 months, and finally get well, with good result. These frequent and sometimes persistent hæmorrhages, resulted without doubt, from cutting into Schlemm's canal. For this and other reasons, the incision in after years was made through the corneoscleral junction, away from this canal. Since then, after-hæmorrhages have been extremely rare. A few weeks since, I removed a cataract from an old lady, making the cut in the corneoscleral junction. The healing process went on rapidly, the eye being remarkably free from irritation. On the 14th day, a small hæmorrhage into the anterior chamber took place. The blood was promptly absorbed. A week later, another hæmorrhage took place. After this, the patient returned home. I have not yet learned whether repeated hæmorrhages have taken place or not. I am at a loss to know why these hæmorrhages occurred, and particularly, why they came on so long after the operation. I do not believe the canal was injured in making the cut.

A New Operation for Entropium.—In the very interesting discussion that followed the operation for trichiasis reported by Dr. Vossius, and given elsewhere, Dr. Schmidt-Rimpler stated in substance that he has been in the habit of using, in cases of entropium, a method of operating, which he designates "Linear Cauterization." With a galvano-cautery, he burns through the skin, muscle and cartilage of the lid in a line 4 mm. from the edge of the lid, clear across it horizontally. This linear burn he allows to heal of itself. The resulting contraction from cicatrization, everts or pulls the edge of the lid outwards. Care must be taken not to allow the cautery to approach too closely to the margin of the lid, for fear the radiating heat might cause the partly detached margin to slough. The resulting cicatrix is scarcely visible. The author warmly recommends this operation.

What Causes Arcus Senilis?—Everybody knows that arcus senilis is a white line or ring in the extreme margin of the cornea of old people, but everybody does not know what the pathological condition is. From some unknown cause, the margin of the cornea in old people often undergoes "fatty degeneration" and becomes opaque. This is arcus senilis. Such a change in the cornea does not seem to interfere with its vitality. In making cataract operations we often have to make long cuts through the opaque part. These apparently heal about as certainly as cuts through the clear cornea. I have seen cases where the arcus covered more than half of the cornea. I have never known the very center of the cornea to become opaque from such changes.

The Sei-I-Kwai or Society for the Advancement of Medical Science in Japan, at its last annual meeting held in Tōkyō, elected the following officers to serve during the ensuing year: President, Takaki Kaneliors, F. R. C. S., Eng.; Vice Presidents, Saneyoshi Yasuzumi, F. R. C. S., Eng.; W. N. Whitney, M. D.; Treasurer, Dr. Kuniagawa Sōetsu. This society has a membership of 124, of which 15 are foreigners. The library of the Society contains 633 volumes of Japanese works, 1129 volumes of foreign medical works, and about 250 volumes of foreign and Japanese periodicals. The journal of the society, a monthly, half English and half Japanese, is in a flourishing condition.

Medical Progress.

THERAPEUTICS.

Treatment of Croup.—An emetic to commence with, always. The best is ipecac. When asphyxia is imminent tracheotomize.

Powder for Coryza.—M. Vigier gives the following in the *Gazette Hébdomadaire*:

Powdered starch.

Boric acid.

Tincture of benzoin, of each equal parts by weight.

Mix, triturate for a short time, dry by means of a mild heat and put it in a box without further trituration. This may be used frequently.

Enema in Infantile Convulsions.—M. J. Simon advises a large enema, either simple or containing oil, to be given first and then followed by the injection of the following:

Musk.....	gr. iij.
Camphor.....	gr. xv.
Chloral hydrate.....	gr. vij ss.
Yolk of egg.....	No. j.
Distilled water.....	℥v.

Substitute for Cod-Liver Oil.—Tousseau has given the following as a good and palatable substitute, which may be spread upon bread:

Chloride of Sodium.....	20 parts.
Bromide of Potassium.....	15 "
Iodide of Potassium.....	½ "
Fresh butter.....	1250 "

Mix thoroughly.

Sciatica Cured by the Actual Caутery.—Davezac states that he has himself been cured of sciatica against which all other treatment had proved futile, by the actual cautery. The cautery was applied at the surface immediately over the emer-

gence of the lumbar plexus, on each side of the median line of the affection. He has treated some sixty persons in this way in his private clinic, beside numbers in the hospital and with most remarkable results. The editor of the *Lyon Médical* warmly endorses the words of M. Davezac, and states that he (the editor) had in this manner cured a very obstinate case of several weeks standing.

Acute Rheumatic Pericarditis.—Professor Jaccoud recommends (in *les Nouveaux Remèdes*) the following treatment: Commence with a mixture as follows:

R Ant. et pot. tartr. gr. ss.
Syrupl simpl. ℥ ss.
Mucilag. Acac q. s. ad ℥ iv.

M. Sig. Tablespoonful every hour. The following day the patient should be kept very quiet and allowed light stimulants (claret, sherry and water etc.,) and broths. The next day the tartar emetic mixture should be renewed, and again followed by a day of repose. If necessary, the tartar emetic may be continued on the succeeding day, but this is rarely necessary.

White Nettle as a Hæmostatic.—M. Florain claims that the white nettle (*lamium album*) has a hæmostatic value quite equal to either the great or little nettle (*Urtica dioica*, *Urtica minor*), and that when used in the form of a tincture internally, its effects are rapid and very marked. He prefers the following formula:

R Tincture of lamium alb., ℥ v.
Simple syrup, ℥ liiss,
Water ℥ ss.

M.

The dose for an adult is 1 tablespoonful every half hour until the hæmorrhage ceases.

The author says that the hæmostatic effects of the remedy are due to an alkaloid, which he has isolated and named *lamine*. The sulphate or hydrochlorate of lamine is soluble in water, and when injected hypodermically produces rapid hæmostasis. He does not indicate the dose.

Caffeine in Heart and Kidney Diseases.—A question addressed to the *Revue de Clinique et de Thérapeutique*, concerning caffeine elicits the following answer: Huchard recommends

the alkaloid as a powerful diuretic (and consequently a true cardiac tonic) in the later stages of heart troubles. According to his ideas, it should be used in solution in preference to any other pharmaceutical form, and he suggests the following formulæ as applicable (the first as a simple solution and the second as a syrup):

- (1) Benzoate of sodium,
Caffeine, of each 1 part.
Distilled water 80 parts.

The dose is from 2 to 6 tablespoonsful during the course of the day.

- (2) Benzoate of sodium
Caffeine, of each 35 parts.
Raspberry syrup 2500 parts.

Dose as above.

One great advantage, says Huchard, which caffeine possesses over digitalis or the alkaloid of that drug, is that it can be administered hypodermically. For use in this manner, he has devised the following formula:

- Sodium benzoate 8 parts.
Caffeine 2.5 parts.
Distilled water (hot) 6 parts.

From 1 to 4 syringefuls daily.

If for any reason the sodium benzoate is not desirable, it may be supplanted by sodium salicylate, thus:

- Sodium salicylate 8 parts.
Caffeine 4 parts.
Distilled water (hot) 6 parts.

Dose as in the foregoing.

These preparations are most valuable, not only in heart diseases, but in affections of the kidney, especially where digitalis is contra-indicated. Subcutaneously administered, caffeine has a general stimulant and tonic action, and consequently is valuable in almost all adynamic affections, and infectious diseases complicating or complicated by kidney or heart trouble. It may be used exactly as ether under such circumstances. Finally, the author recommends the following wine of caffeine:

- R Sodium benzoate
Caffeine, of each 5 parts.
Malaga wine 500 parts.

Dose a half wine-glassful occasionally.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Electric Coup de Soleil.—The electric light, like all modern innovations, has its own particular evil attendant upon it. M. Terrier has studied the question profoundly and has reported the result of his examination into the subject to the Société de Chirurgie. He not only considers the effects of the electric light, but also of the voltaic arc which is employed in soldering metals. Two principal effects are produced, viz., erythema of the skin accompanied by pruritus and followed by desquamation in four or five days; and ocular lesions, either transitory or more permanent, the active agent being probably the violet or ultra violet rays.

Action of Nickel Salts on the Economy.—At a recent séance of the Académie de Médecine, M. Riche read a note, in which he stated that seeing the prohibitory measures enforced in Austria in reference to these salts, on account of the results obtained by Austrian experimenters, he instituted a fresh series of investigations. The results of his experiments, conducted with the aid of M. Laborde, may be summed up as follows: Nickel does not present any dangers to the dog or guinea pig. Although this does not prove that a human being can absorb a corresponding dose daily without danger, M. Riche claims to have figures by which he will be able to prove that nickel plated houseware is in no way dangerous, and that it may be used with impunity for holding and preparing alimentary products.

Malarial Origin of Nervous Phenomena.—Dr. Bourru states that he is convinced that certain nervous affections found in chronic malarial patients are due directly and entirely to paludism. Motor incoördination, hyperæsthesia, loss of memory, especially of words—all congestive or inflammatory lesions, would justify special treatment in paludic infection at the very outset; later, these lesions evolve independently of the infectious cause.

Acids of the Human Bile.—We have known for a long time, says Schotten (in *Zeitschr. für Physiol. Chemie*), that cholic acid, which combines with glycocol and taurine to form glyco-

found in the bile of various species of animals and passing under the same name. For instance, the special acids of hog bile, ox bile, etc., could be distinguished from that passing under the same generic name and found in human bile. It is also known that even in the same species the acid found united with taurine and glyccol was not always identical. Latschnikoff, for instance, has found in beef-bile, along with true cholic acid, another differing in important particulars therefrom, and which he has named choleinic acid. The same is now found to be the fact as regards human bile. Choleinic acid is richer in hydrogen and carbon and poorer in oxygen, and does not answer altogether Pettenkofer's test. But the choleinic acid of man is found to differ, again, from the choleinic acid of the ox. Thus far the author has found no exactly similar acid in the lower animals, and proposes the name fellinic acid for the new human bile product.

Microbic Prophylaxis.—The experiments of Emmerich, alluded to in the JOURNAL some months ago, the results of which seemed to point very conclusively to the fact that there exist microbic concurrences and antagonisms which may hereafter be found valuable in prophylactic therapeutics, have recently been repeated by G. Zagari, who publishes a report of his work in the *Giornale Internazionale delle Scienze Mediche* for November. Among other interesting facts he states that he has found (as did Emmerich) that Felheisen's micrococcus of erysipelas renders rabbits proof against charbon (anthrax), and while guinea-pigs are not benefitted to the same degree as toward this disease, they are rendered proof against a similar one to which they are otherwise very subject, viz: the *barbone* (a disease of the Italian buffalo characterized by a dropping of the hair, like mange in dogs.) But even the guinea-pig may be rendered entirely refractory to anthrax by repeated injections of Felheisen's micrococcus. The experiments of Zagari extend in another direction which has, strangely enough, as yet received but slight attention, viz: the results of cultivation of one specific microbe in a medium which has already served for the cultivation of another or other species. He found, for instance, that bacillus anthracis cultivated in media which have already served for the cholera

cholic and tauric acids was not identical with the substance bacillus rapidly attenuates in virulence, and this attenuation becomes more marked in direct ratio with the age of the first cultivation. Having thus attenuated anthrax virus, by choosing cholera cultures of certain determined ages as culture media he succeeded in getting an anthrax culture which but lightly affected guinea-pigs yet which rendered them proof against full strength injections given afterwards. These are valuable points and will probably lead to practical results.

Incubation of Rabies in Man.—The statistics of Bauer, says *El Siglo Medical*, show that in 510 cases the mean period of incubation was 72 days. The author draws the following conclusions from the study of these cases: In the male the mean period of incubation was 80 days, and in the female 65 days. In infants of from 2 to 14 years, the mean was 57 days, while from 15 to 18 it was 77 days. This difference is probably to be attributed to the greater frequency of bites on the face or exposed parts, in children. This is borne out by the fact that the mean periods in adults bitten on the head or neck was 57 days. A bite on the arms and hands gave a mean of 81½ days; on the legs, 74 days, while multiple bites, in any of the members were much more rapid in their effects, viz., 55 days. Among adults wounds are inflicted on the limbs about three times more frequently than on the face. Wolf bites, of which there were 49 records, gave a mean incubation of 39 days, and cat bites (31 cases) 80 days. The rapidity of action of rabies from the bite of mad wolves has already been noted by Pasteur. Finally only in 17 cases out of 100 of all kinds of bites did the period of incubation extend beyond 3 months.

DISEASES OF WOMEN AND CHILDREN.

Removal of Vaginal Tampon after Twenty-nine Years Sojourn.—Dr. F. E. Beckwith states in the *American Journal of Obstetrics and Diseases of Women and Children*, that the patient, 70 years of age and single, was admitted to the New Haven hospital, as she was very weak from long standing diarrhoea and tenesmus. About six days later a vaginal examination was made

and a hard, rounded mass, about three inches in diameter, was found. This not only occluded the vagina but flattened the rectum. The interior of this calcareous ball was found to be full of a soft, dark-brown material, having a highly offensive odor. An examination showed that it originally consisted of a cotton or woollen plug, around which the stony shell had formed. The patient was unconscious of the fact that it had been put into her vagina. It was ascertained that about twenty-nine years ago, about the period of the menopause, the patient consulted a midwife in Germany for supposed falling of the womb. The midwife slipped a rude tampon into the vagina, and the patient never reported again. We have on several occasions seen pessaries, encrusted with salts of lime, removed from the vaginas of patients after having sojourned a number of years in those parts. Physicians often neglect to tell their patients of the introduction of foreign bodies in the vagina, and as a result of this carelessness troublesome results sometimes ensue.

Uterine Cough.—Courty has said that when the physician cannot otherwise discover the cause of general symptoms, more or less grave, in a sick woman, let him suspect the genital apparatus and search there. Remembering this maxim, A. Ricard says (in the *Gazette des Hôpitaux*), that among the group of sympathetic troubles due to abnormal uterine conditions, cough is a rare but incontestible one, whose pathogeny and nature remains as yet very obscure. The access of coughing may come on under various occasional influences, the repetition of which will put us on the right road to arrive at a diagnosis. The most common form of uterine cough is a short, dry, asthmatic "hack," the duration of which is subordinate to the persistence of the cause. Its characteristics are, however, far from being sufficiently sharply marked to found a diagnosis upon it alone. But if there are other uterine reflexes, the case is different. The prognosis in such cases is extremely grave. The crises often decrease in intensity, but the frequency and tenacity of the cough rapidly break down the strength of the patient. The only treatment is that addressed directly to the uterine cause. If that can be removed the cough will cease.

Terebene in the Treatment of Uterine Cancer.—Dr. Betrin indicates (in the *Archives of Obstetrics*) a new and val-

uable application of terebene (produced by the action of concentrated sulphuric acid on spirits of turpentine), viz., the treatment of uterine cancer. Terebene is a liquid, easily miscible with any of the animal, vegetable or mineral oils, but for use in this direction, should be mixed in proportions, varying according to circumstances, with any of the blander vegetable oils—olive, almond, or cotton seed. The treatment consists in the application of the terebene thus mingled to the affected uterine surface. This is done by soaking pledgets of cotton of the size of a walnut in the mixture of terebene and oil, and placing them with the proper forceps directly in contact with the diseased parts. From three to five such plugs may be used, according to circumstances, and they should be maintained *in situ* by a tampon of aseptic cotton. The dressing should be renewed every one, two or three days, according to the amount of cancerous discharge, the tolerance of the patient, the state of advancement of the disease and other factors occurring in individual cases, of which the physician must be the judge. The uterus and parts should be thoroughly washed out and dried before each application. Some of the statements made regarding the general amelioration of patients under this treatment are remarkable, and justify the warm encomia pronounced on it by Dr. Betrin. Terebene, like most of the derivatives of the essential oils, is antiseptic in a high degree, and its favorable effects in cases like these is evidently due to its lethal action on microbic life, always abounding in conditions like those obtaining in uterine cancer.

SURGERY.

Treatment of Flat-Foot.—The treatment of flat-foot is one which is often unattended with success, when the ordinary modes are employed. The very fact that osteotomy has been resorted to shows that only the difficulties in the way of successful treatment would justify such a severe operation. Mr. Noble Smith states, in the *Practitioner* that he has lately adopted a plan which promises to be very successful. It consists in arching the feet as much as possible by manual pressure while a plaster of paris bandage, previously applied, is setting. In severe cases an anæsthetic may be administered, and greater force used.

The sole should be slightly inverted. Before the application of the bandage a few days of absolute rest is advantageous, and after the operation, is also beneficial. Then the patient can go about without any discomfort. If the deformity be great, the bandage can be renewed, with an improvement of the position. If there is firm contraction of the peronei muscles, their tendons are to be divided and the bandage applied only after the patient has recovered from this operation. When the bandage is finally removed, a light and simple mechanical support should be used for a time, and the patient should avoid standing and prolonged walking. The tip-toe movements are very advantageous, as also passive motions.

Pleuritic Effusions Accompanying Ovarian Cysts.—M. Demons, of Bordeaux, spoke of this subject to the Paris Société de Chirurgie. He states that there are two varieties of these effusions. The first has been well known for a long time. These effusions are symptomatic of a secondary tumor of the pleura or lung (the ovarian cyst being malignant) or they are the result of the cachectic state. In the second variety the effusion is serious and occurs in the course of benign tumors of the ovary. From a study of a number of cases of the latter variety, the speaker stated that these effusions are seen when the tumor is very large or very small. Ordinarily there is but slight pain; as times, it is not present, at others quite marked. Dyspnoea and oppression vary according to the extent of the effusion which sometimes remains completely latent. The effusion may be single or double. When single it may be on the same or on the opposite side to that in which the diseased ovary is found. In regard to operative measures, the ovarian cyst should be removed, unless the dyspnoea is too intense. M. Demons has always obtained good results. The effusion has disappeared after the operation, but there remained a friction sound, which proves that there was a pleuritic effusion whose pathogeny can be easily understood when we remember the existence and distribution of the lymphatics of the pleura and of the peritoneum and their relations and means of communicating with each other.

Sarcoma of Bone Affecting the Lower Extremities.—As sarcoma of bone generally terminates in death and as our stock

of knowledge in reference to this condition is very meagre, Dr. Frederic S. Dennis urges some points in the *Medical News*, after having first detailed some selected cases. He thinks it important to recognize the disease early, and remove the limb completely by amputation, carefully watching the subsequent history of such patients. Beside this, reports of all cases whether favorable or otherwise, should be published to enable surgeons to collect reliable or trustworthy data for future use. In order to insure the tabulation of cases for the purposes of study, microscopical examinations are a *sine qua non*. In fact, every progressive and intelligent surgeon is of this opinion. A radical operation in those cases of malignant sarcoma which affect the long bones of the lower extremities, is of the greatest importance, as partial enucleations and the use of caustics and plasters are totally inefficient. They also cause a loss of time and render worthless a treatment which adopted early may result in perfect cure. Patients should be urged to submit to very early and radical measures on this account. Dr. Dennis pertinently remarks in the course of his article, that there is so much ignorance among the less educated upon the nature of the malignancy of certain tumors and so great an antipathy to amputation, that the surgeon, to protect himself should refuse to operate until he has gained the patient's consent in writing. This will effectually protect him from the annoyance of suits for malpractice instigated by unprincipled lawyers or envious confrères.

Ninety-seven Ounces of Foreign Bodies in Rectum.—

Dr. William F. Drury, assistant physician Central Lunatic Asylum of Virginia, reports a curious case in the *Virginia Medical Monthly*. A colored woman, of 46, among the chronic insane, was affected with diarrhoea, alternating with constipation. The discharges were thin, muddy, and very offensive. An examination of the rectum showed that it was completely impacted with "bits of stone, glass, slate, brick, buttons, fruit parings, clay, etc., to the amount of ninety-seven ounces, avoirdupois (six pounds one ounce)." The patient rapidly recovered after the removal of the foreign bodies. The glass, stone, slate, etc., had evidently been swallowed, for a part of these bodies were lodged high up in the alimentary canal, and not removed for ten days after. It is a well known fact that the chronic insane have morbid appetites. Some will eat insects, others ashes, and not a few relish the ingestion of their excreta.

[Feb.,

Book Reviews.

Rectal and Anal Surgery, with a Description of the Secret Methods of Itinerants. By EDMUND ANDREWS, M. D., LL. D., and E. WYLLYS ANDREWS, A. M., M. D. 8vo. pp. 111, with original illustrations. [Chicago: W. T. Keener, 1888. Price, \$1.25.

The fact that rectal and anal diseases and the surgery of these parts have occupied but little of the attention of physicians in general, and that itinerant rectal "doctors" have brought the attention of the public to these important portions of the economy, has induced the authors of the little manual before us to write a few papers upon this subject. The only fault which we can find with this manual is its brevity. Good advice is not alone given, but the advantages and absurdities of the various "secret" methods are pointed out, a brief description of them being furnished. While some of the views enunciated will not be accepted by all, the entire work is sufficiently stamped with the personality of the authors to make it valuable as a general guide and a good preparatory course with which to pursue a study of the larger and more pretentious works devoted to the subject. The typography of the book is good, some of the woodcuts are execrable but the general appearance is excellent.

Materia Medica and Therapeutics. By ROBERTS BARTHOLOW, M. D., etc. 8vo. pp. 802 Sixth Edition, Revised, Added to and Corrected. [New York: D. Appleton & Co., 1887. St. Louis: Jno. L. Boland, 610 Washington Ave. Price, \$5.00.

If the value of a book, especially a text book, is to be gauged by the rapidity with which the editions are used up and fresh ones called for (and we know of no better scale), then Dr. Bartholow may congratulate himself upon having contributed a most valuable book to the medical literature of America—a book which will live after he has been gathered to his fathers.

Indeed, the book before us is so well known that it needs no review or introductory at our hands. We need only to allude to the additions and changes made necessary by the rapid advances in pharmacology, the *materia medica* and their application to therapeutics, since the publication of the fifth edition, now some five years old. These additions occupy a little over one hundred pages of the work before us, scattered through the work and embracing the very latest of the mineral, vegetable and animal drugs, as well as the alkaloids of the same and those resulting from synthesis.

The work is profusely and conveniently indexed, being furnished with a general index of matters, and a clinical index, thus enabling one to find the desired word or remedy in the shortest possible time. Its shape, binding and typography are those made familiar to every buyer of books by the old reliable house of the Appletons, and like the work itself "need no bush."

Functional Nervous Diseases, THEIR CAUSES AND TREATMENT, ETC. By GEO. T. STEPHENS, M. D. 8vo. pp. 217 [New York: D. Appleton & Co., 1887. (Illustrated with Photographures)].

This work was originally written in the French language and presented as a thesis to the Académie Royale de Médecine de Belgique, receiving the highest award of merit in the competition of 1881-83 on the subject. Since it was written, as stated by the author in the preface, many new experiences and consequently new views have presented themselves, and the author has availed himself of the present edition to bring his work quite up to date in this respect. This portion of the work and the supplement, indeed, have increased the size of the book three fold the original thesis.

After a statement of principles concerning the division of nervous diseases into classes (functional and organic), the causes (immediate, predisposition, heredity, reflex irritations, etc.), the bold proposition is made as follows:

"If it be admitted that the neuropathic predisposition may consist of a local irritation and not necessarily of some peculiar and undemonstrated general modifications of molecular arrangements, we are prepared to inquire whether, inasmuch as this ten-

dency is transmitted from parent to child, the evil may not consist of some peculiarity of anatomical structure, or of physiological adaptation, which is inconsistent with the most regular and easy performance of the function of a part or parts?"

On this text our author proceeds to elaborate his theories, passing from point to point and from fact to fact by easy transitions which carry the reader along with him to the end.

The appendix or supplement which forms nearly half the volume treats of the knowledge of refraction and muscular anomalies necessary to the successful treatment of nervous complaints due to vision. It embraces a most valuable treatise on the phenomena of refraction and accommodation, hyperopia and myopia, astigmatism, the examination and treatment of ametropia, etc., etc.

The work is beautifully printed on heavy paper, and so far as we could discern, of faultless typography. The illustrations, notwithstanding an accident which destroyed the original plates, are excellent, and afford remarkable and striking contrasts between the appearances of the individuals who had been treated by Dr. Stevens, before and after the application of glasses. These plates alone afford a curious and most convincing study of the principles advocated by our author, the results in some instances being marvelous. To be appreciated however, they must be seen, as no description will furnish an adequate idea of the changes wrought by treatment.

Anatomy, Descriptive and Surgical. By HENRY GRAY, F. R. S. With an Introduction on General Anatomy and Development, by T. HOLMES, M. A. Edited by T. PICKERING PICK, F. R. C. S. A new American from the eleventh English edition, thoroughly revised and re-edited, with additions, by WILLIAM W. KEEN, M. D. To which is added the second American from the latest English edition of Landmarks, Medical and Surgical, by LUTHER HOLDEN, F. R. C. S. In one imperial octavo volume of 1,099 pages, with 685 large and elaborate engravings on wood. [Philadelphia: Lea Bros, & Co., 1887. With illustrations in black: Cloth, \$6.00; leather, \$7.00; very handsome half Russia, raised bands, \$7.50. With veins, arteries, and nerves in distinctive colors: Cloth, \$7.25; leather, \$8.25; half Russia, \$8.75.

The present new edition of this well known work deserves a more detailed review than we can give it in these pages. It is,

in fact, almost a new work, the changes made by Mr. Pick, the English editor, as well as by Dr. Keen, the American editor, having nearly created an entirely new book. The American edition is in some respects better than the English one; it has 110 new illustrations, and since this feature is at least as important in a text book of Anatomy as any other, we hail it with pleasure, and all students will feel its great advantages. The coloring of the vessels and nerves is also a most desirable improvement; and I reluctantly add that it is rather coarsely done, for it is disagreeable to point out flaws in a work which we acknowledge to be the best of its kind in the English language.

Without desiring to make odious comparisons, we may say that from the standpoint of the medical man, the book is unsurpassed as a text book in any language. But if the scientific and philosophical relations are considered, the work is very much inferior to the text book written by Gegenbaur, of Heidelberg, in 1885, of which the third edition is now in press.

In fact, Gray's Anatomy is sadly deficient in this point, viz: that the student is not given an introduction, as to the relations of the Science of Anatomy to other sciences, especially to Morphology and Biology. It seems to us that at the present time a physician should be more than merely a practitioner of medicine. He should also be instructed in the scientific foundations of the disciplines which he needs in the practice of his profession. Lacking these, he is little better than an artisan and will never be able to reach the noblest aims of his profession.

It is an undeniable fact that the genetic method of explaining anatomical facts illuminates the process of teaching and learning, and thus not only the memory, but the reasoning powers of the student are exercised. The time has come when the old mnemonic method of learning Anatomy can no longer be tolerated. "To teach means to develop." Therefore, there can be no doubt that the genetic method should always work hand in hand with the descriptive. By this means only, Anatomy has been made a science which stands higher than those pseudo sciences, medicine and surgery.

It is to be hoped that the next edition will be edited with due regard to these points. Some of the histological *diagrams* taken

from Klein and Noble Smith might also be exchanged for such as are more true to nature.

The printing, indexing and binding are up to the highest point of the publishers' best work.

A. C. BEENAYS.

Literary Notes.

The Clinical Reporter is the name of a new homœopathic monthly, published by Foulon & Co., of this city. It is neat in appearance and the quality of its reading matter is much above that of the usual run of such publications.

The Journal of Laryngology, edited by Dr. Morell Mackenzie, will have an American edition issued by the Blakistons about the fifteenth of each month. This move is in accordance with the editor's wishes, as he desires to enlarge the American field of his journal.

Picture of Dr. Morell Mackenzie.—Following their custom inaugurated several years ago, Messrs. Parke, Davis & Co., have issued for gratis distribution among physicians, a handsome engraving copied from a good crayon of Dr. Morell Mackenzie, the eminent English throat specialist. It is a companion picture to those of Koch and Pasteur, issued by the same firm in past years, and is a souvenir well worth framing and preserving.

Books Received.—In addition to those noted elsewhere, the following books have been received during the past month: *Hand-book of Treatment*, by William Aitken, M. D., edited by A. D. Rockwell, M. D., etc.; *Medical Jurisprudence*, by Allen McLane Hamilton, (New York, E. B. Treat & Co.); *Phallie Worship*, by Robert Allen Campbell, C. E. (St. Louis, R. A. Campbell & Co.)

Science.—We are glad to welcome to our exchange table this most excellent weekly publication. Every number contains an array of matter of great interest in almost every department of pure science, including medicine and the allied sciences. We

know of no journal published in America to-day that so well fills the requirements of the physician desirous of keeping himself posted on general scientific advancement. It is published by the Science Company, 47 Lafayette Place, New York, at \$3.50 per annum.

Fever Nursing constitutes the fourth volume of the J. B. Lippincott Company's series of Practical Lessons in Nursing. It is by J. C. Wilson, A. M., M. D., of Philadelphia, whose Treatise on the Continued Fevers is so justly and highly esteemed. It is like the balance of this series, thoroughly practical, and written in the plainest of plain language. It should form a part of the library, not only of every physician, but of every nurse and mother of a family. It is bound uniform with the preceding numbers of the Lessons in Nursing, and costs \$1.

The Third Annual Report of the North Texas Hospital for the Insane is at hand and, though a little pamphlet, speaks volumes in praise of the noble charity maintained by the State of Texas at Terrell. From it we learn that there are now housed and cared for 372 unfortunates in every stage of dementia, from 10 years of age to 80 or even more. The Board of Managers seem to be men fully alive to the great responsibilities resting upon them, and their report is a direct appeal to the State Legislature to give them all the facilities demanded by our advanced civilization in the care and treatment of the insane.

Doctor and Patient.—This is the title of Dr. S. Weir Mitchell's latest brochure, which has just appeared from the press of the Lippincotts. It consists of a series of seven essays, viz., an Introductory, wherein the mutual relations of physician and patient are discussed; the Physician, Convalescence, The Moral Management of sick or invalid Children, Nervousness and its Influence on Character, and Out-door and Camp-life for Women. These subjects are handled with that taste and command of words which have made Dr. Mitchell's name one of the best known in American medical literature. Price, \$1.50.

Report on the Progress of Medicine.—One of the most concise and valuable papers on this subject which have recently come to hand is that by our old friend Dr. J. B. Marvine, of Louisville, made to the Kentucky Medical Society at their annual

meeting at Paducah in May last. It was originally published in the *Southwestern Medical Gazette*, of which Dr. Marvin is editor. It is an able and thorough review of the forward steps in medicine and the kindred sciences, which had been taken during the year which had just closed. It will well repay perusal, as will everything, however, that comes from Dr. Marvin's pen.

Health Lessons, by Dr. Jerome Walker, is a well written and well illustrated elementary work on hygiene, published by D. Appleton & Co., and for sale by J. L. Boland, of this city. The author has written for children, and his clear, interesting and instructive manner cannot fail to captivate his juvenile audience. Everything he teaches is sound, in the main, and his illustrative examples are at once apt and easily comprehended. The subject of alcohol and tobacco are gracefully handled and accompanied by just such advice as children should have. Every child should have this little book, and his parents could read it with profit in the majority of instances.

A Half-Century of Science is the title of the December number (total number 96) of the Humboldt Library. It is the joint production of Prof. Huxley and Grant Allen, and it goes without saying that it is not only a thoroughly scientific and reliable document, but a delightfully readable one as well. As we have remarked several times before in connection with the volumes of this library, the editor shows a rare good taste in selecting the subjects, and the publication is put at figures so low as to bring the books within the reach of every pocket. The books appear monthly at the uniform price of 15 cents per number, or \$1.50 per annum. The publisher is J. Fitzgerald, New York.

Maisch's Manual of Materia Medica.—In the multitude of new books which have lately crowded upon us on this subject, it is a real pleasure to meet an old friend in entirely new garments—especially for the third time. The fame of John M. Maisch as a scientific and scholarly man does not depend entirely upon this work; but if it did, he might well afford to rest his laurels there. With the volume before us it has reached its third edition, the first of which appeared in 1867, and at no time has it not been considered a standard text book. The present edition

is brought up to the latter part of 1887, and contains all of the newer materials belonging to the medical armory. It is from the press of Messrs. Lea Brothers & Co., of Philadelphia, and as a natural consequence is everything that could be desired typographically and otherwise. It is always a comfort to compare American work in this line with foreign binding and typography, and we like to dwell on the fact. Price, cloth, \$2.

Calendars for 1888.—Verily of making calendars as a means of advertisement there seems, this year, to be no end. We have received them of all sorts and descriptions until we scarcely know what to do with those which each mail brings. There are big calendars and little ones, handsome calendars and ugly ones; calendars to hang up, to stand on the table, to work with a pulley, to wind on rollers, to tear off, to turn over, dial calendars, map calendars, bird, beast, fish and amphibian calendars, calendars to keep—and lots of them to go into the waste basket. Of those that are too handsome to destroy, or even to give away (provided we could find somebody who was not already supplied) we may mention, first and foremost that of the Mess Engraving Company. Each page of it, representing a month, is ornamented with a cabinet size photogravure of a beautiful little girl, so exquisitely engraved that at a few inches from the eye it cannot be told from a photograph of the highest order of merit. The only thing that puzzles us is what to do with the leaves as the months pass. They are too beautiful to destroy. Another handsome and useful one is the Artistic Calendar of Chivalry, for a copy of which we are indebted to Mr. Lang, the book and news dealer at 709 Olive St

Pamphlets and Reprints Received.—During the past month, the following reprints and pamphlets have been received for which the senders have our thanks: Treatment of Neuralgia in General Practice, by Gustavus Eliot, M. D., of Buffalo, N. Y., (paper before 9th Int. Med. Congress); Radical Treatment of Trachoma, by A. E. Prince, M. D., of Jacksonville, Ill. (*St. Louis Courier of Medicine*); Wounds and their Antiseptic Treatment, by David Prince, M. D., Jacksonville, Ill. (read before Amer. Surg. Association, 1887); Report on Progress in Medicine, by J. B. Marvin, M. D., Louisville, Ky.; (*Southwestern Med. Gazette*); A Study of Uterine Displacements, by Thos. Addis Emmet, M. D., New York (*Gynecological Transactions for*

1887, Vol. XIII); Progressive Muscular Atrophy, beginning in the legs, by J. B. Marvin, of Louisville, Ky.; Transactions of the American Ophthalmological Society, thirty-third annual meeting. 8vo., pages, 395-602. Boston: Published by the society, 1887.; Aerzlicher Bericht über die Thätigkeit des Freude Carlsbader hospitales in der Saison 1887. Erstattet von Director der Anstalt, Dr. August Hermann. (Sonderabdruck aus der *Prager Medicine Wochenschr*, No. 48.); A case of Gastrotomy for Cancer of the Oesophagus. By J. Collins Warren, M. D. (Reprinted from the *Medical Record*, No. 5, 1887.)—Ueber der Einfluss des Kochsalz, und der Glaubersalz-haltigen Mineralwassers auf einige Factoren des Stoffwechsels. Von Dr. B. Loudon aus Carlsbad. (Separat Abdruck aus der Zeitschrift für Klinische Medicin, Bd. xij. Hl.; Operations for Mastoid Diseases, by Seth W. Bishop, M. D. (Reprint from *Jour. Am. Med. Ass.*, Nov. 12, 1877.); Statistical report of 5,700 Cases Ear Diseases. By Seth W. Bishop, M. D.. (Reprint from same; December 17, 1887.); Treatment of Suppurative Otitis Media. By Seth W. Bishop, M. D. (Reprint from same, December 3, 1887.)

Melange.

A Sanitary Convention was held under the auspices of the Ohio State Board of Health at Akron, O., January 25 and 26.

Dr. Asa Gray, the well-known American botanist, had an attack of apoplexy, not long since, but fortunately it was not fatal. He is 87 years of age.

The Berlin Medical Society has decided to erect a statue to Von Langenbeck and will enlist the coöperation of German surgeons to assist it in the furtherance of this purpose.

Dr. W. M. Carpenter, a well-known New York physician and prominent writer upon the *Medical Record* staff, died suddenly on January 7th. He was widely known and his loss will be keenly felt.

We learn from *Spitalul* that the physicians of Bucharest have organized a new medical society.

The State Medical Society of Pennsylvania, will hold its annual meeting in Philadelphia, beginning June 5, 1888.

Cases of Leprosy are now reported from nearly every State in the Union. It is the fad with newspapers and physicians can always be found ready to furnish the material.

The Medical Society of the State of New York will hold its eighty-second annual meeting at Albany, on the 7th, 8th and 9th of February. A very good programme has been arranged, and some valuable papers are promised by many of the leading physicians of the Empire State.

The Missouri State Medical Association will hold its annual meeting at Kansas City this year. A large and enthusiastic delegation will represent St. Louis, and it is confidently expected that this meeting will work a new era in the prosperity and usefulness of the Association.

Medical and Dental.—Under this heading G. A. Mills asks the question (in the *Western Dental Journal*) "do we have anything like a true conception of the little knowledge that the medical practitioner really has of the field comprising our (the dentist's) labors?" While freely admitting the existence of good cause for the question, we might retort "*Et tu autem*—you're another!" The great body of dentists know as little about any other domain of the body. But two wrongs never yet made a right; and it is especially a matter of reproach to the physician that he does not know more about the diseases and ailments of the teeth and buccal cavity, since right in these ailments we must very frequently search for the causes of a very large proportion of the diseases which we propose to treat. It does not necessarily follow that the physician should be an expert in dentistry, for all that; any more than we should expect the dentist to be an expert diagnostician or therapist. The curricula of most of our medical colleges are sadly deficient in the matter of dentistry, and we are glad to see one after another of these institutions adding chairs of dentistry to their faculties.

Medication by Drugs at a Distance.—So much nonsense has been written upon this subject and so many men, otherwise well-known as clever experimenters, have been willing to lend their names to reports of experiences that were—well, dubious, to say the least; that it is pleasant to find a level-headed man taking hold of the matter in a common-sense way. This comes in the shape of a letter from Prof. Bernheim, of Nancy, to the *Revue d' Hypnotisme*, in which he says: (1) Let some third person prepare a certain number of drugs in flasks marked solely by numbers; (2) let him place the names of these drugs in envelopes numbered to correspond with the bottles; (3) let these drugs be other than those which have already been tried upon the patient (in order to avoid possible coincidences due to the recollection of former experiences); (4) keep a record of all experiments and of the phenomena as they develop; (5) do not allow the envelopes to be opened until the experiments are concluded and the patient has departed. If under these conditions the phenomena observed agree with those already noted in former experiments made with the same drugs or matters, we must admit that there is at least something in the whole affair other than imagination or suggestion. Up to the present, however, the experiments and the results claimed therefrom are in conflict with common sense.

A New Source of Vaccine Lymph.—Some months ago the medical officers of the Local Government Board, of London, made a report directly charging that certain outbreaks of what they denominated scarlet fever had been caused by the use of milk from cattle belonging to a great dairy farm, which were found to be suffering with an eruptive disease of the udders. The Privy Council deemed the matter of sufficient importance to be made the subject of a special commission, and they therefore appointed Prof. Cruikshank, of the Bacteriological Laboratory of King's College to investigate and report on the matter. This was done by the professor in the thoroughly scientific manner for which he is known all over the world, and the report made by him, after being submitted to the Privy Council, was recently read before the Pathological Society of London. It states in effect that while there is scarcely room to doubt that the eruptive disease in question was caused in the manner stated, it is abso-

lutely untrue that it was scarlatina. It was, says the reporter, nothing more nor less than vaccinia or cow-pox. This view derives its importance, as said by the *British and Colonial Druggist*, from the fact that it not only removes a great source of uneasiness from the public mind, but it opens up a new source of vaccine lymph.

Was the Quinine Oxytotic?—One of our subscribers sends us the following which we submit to our readers without comment: "Early one morning in the spring of 1885, I was called to see a lady who resided across Red River, in the Indian Territory. I arrived at the house between 9 and 10 A. M. After an examination of my patient, I took from my medicine case five No. 1 capsules, and, after packing each one with sulphate of quinine, laid them on a chair. By chance, there was an old hen in the room, who spied the capsules and, mistaking them, as I suppose, for grub worms, very deliberately swallowed one. She found out her mistake without being told, her actions plainly showing this. She took a position near the centre of the room, remaining quietly for about ten minutes. Suddenly she had business out in the yard; and running hastily to the door she jumped out. After about three rapid scratches, she sat down and deposited an egg on the naked earth. The shortness of time from the scratching to the laying of the egg was almost incredible. She looked upon the egg as being premature, judging from the scrutiny given it by first one eye and then the other. She then walked off without a cackle or a smile. I didn't ask her whether her perineum was ruptured or not. What made that hen lay that egg in that style?"

Some Medico-legal Questions.—For some time past there has been running in the *Gazette des Hôpitaux*, a series of lectures by the veteran Dr. Brouardel, from which we make a few quotations as of universal interest to physicians.

Hermaphroditism—This is a question of such complexity that the laws of various nations are rather in conflict with each other upon it. The Prussian Code disposes of the question by saying that "when a child is born so imperfectly developed that its sex cannot be determined, the parents may decide to which sex it shall be relegated. At the age of 18, the neuter has the

right to decide which sex it will adopt; but if the rights of a third party (a younger son for instance), be imperilled, the latter has the right to demand an expert examination, and on the decision thus arrived at, the future condition, as to sex, of the individual examined, must absolutely depend, the choice of the parents and his or her own, to the contrary, notwithstanding. A bill was actually introduced into the Diet at one time modifying this law to the extent that a neuter of this description might marry only upon a pledge to use but one organ thenceforth. (If the words "at one and the same time" were added, it would surely fill the bill. EDS. JOURNAL.)

Divorce.—Among the causes for divorce recognized by French Law, excesses in marital indulgences, brutality, or grave injury to the sexual organs are reckoned as valid. The loss of the penis or testicles, or a part of either, circumcision for instance, prior to marriage constitutes a valid cause as against a man. The difficulties into which this would lead are illustrated by a case. A young married man, afflicted with phymosis, finding coition difficult, resolved to be circumcised. He went to a physician who "played the surgeon" evidently, for he made so bad a job that he neglected to leave sufficient of the prepuce. The unfortunate young fellow found on attempting to use the "amended" instrument that it caused such intolerable pain as to make coition impossible. The question arose as to whether this constituted the "grave injury" contemplated in the law. The judge decided that it did not, since the man had submitted to a serious surgical operation to fit himself for marital duty, and it was not his *fault* but his misfortune that the operation had not succeeded. The infirmity was deplorable, not only for the wife but for the husband, but the latter was not to blame. On the part of the woman prolapse of the uterus has been considered as a bar to marriage. The following case shows that in Germany the sole object of marriage is procreation, in the eye of the law at least. A young man finding himself alone with his affianced on the eve of the solemnization of their nuptials, seized the occasion to make an attempt upon her which resulted in the discovery that she had prolapse of the womb and refused to fulfill the contract of marriage. The young woman, on her part, claimed to have been deflorated. The tribunal considered that procidentia was an infir-

mity sufficiently disgusting to make coitus impossible, and therefore, annulled the marriage contract. But as a punishment to the man for having made the attempt upon the young woman before the law gave him full liberty to do so, condemned him to three months imprisonment for defloration. Rhadamanthine justice, indeed!

Pregnancy Anterior to Marriage.—This condition must be regarded as a hardship, whether the matter terminate in marriage before or after the infant is born. In the first instance, the husband has no right to complain, no matter how studiously the affair had been concealed from him prior to the wedding. In the second instance, the pregnancy constitutes a grave injury to him. Dr. Bonne was called one day to attend a woman who complained to her husband of spasms of pain in the region of the liver. The doctor noticing that the "spasms" resembled labor pains, asked and received permission to question the patient by herself. She confessed the truth to him. She had been pregnant for eight months, and married only six weeks. The doctor rejoining the husband, told him the situation of things and urged him not to make a scene. The latter proved accommodating and not only did not upbraid his wife, but condoned her acts in the presence of her family. Thinking the matter over, however, later, he wished a divorce, but was refused by the Court on the ground that he had not made complaint instanter, on discovering the facts set forth.

Local Medical Matters.

The President of the St. Louis Medical Society appointed the following Standing Committees for the year 1888: Ethics, Drs. J. J. Miller, R. C. Atkinson and S. G. Graves; Elections, Drs. I. N. Love, N. Guhman and L. Newman; Publication and debate, Drs. Frank R. Fry, J. C. Mulhall and A. H. Ohmann-Dumesnil; Executive, Drs. F. D. Mooney, A. V. L. Brokau, and Willis Hall; Library, Drs. Hugo Auler, E. M. Powers and J. T. Larew.

The Alumni Association of the St. Louis Medical College has inaugurated a new departure. At each one of its regular meetings a lecture or paper on some interesting scientific topic is delivered either by one of the members or by some gentleman who is invited to do so.

The Project of Erecting a Building for the St. Louis Medical Society has met with good encouragement. Some members favor the idea of raising the annual fees to \$10, and by this means accumulate money more rapidly and, at the same time, add materially to the voluntary donations and subscriptions. If some of our rich citizens could only appreciate the worthiness of the movement and be induced to endow the Society, they would confer a real benefit, not only upon the profession, but thus would indirectly help the public.

Local Journalistic Changes.—*The National Druggist* of this city, long and favorably known to most of our readers, has passed under the editorial control and management of Dr. Frank L. James, also one of the editors and proprietors of the JOURNAL. Mr. H. M. Whelpley, who has for several years been editor of the *Druggist*, takes charge of Messrs. Meyer & Bros., well-known St. Louis Drug Reporter. Drs. Wall, Steer, and Klie, formerly associate editors of the *National Druggist*, retire with Mr. Whelpley, although Dr. Wall will continue his admirable series of papers on *Formulæ for Extemporaneous Pharmacy*, which have been running for several months in the *National Druggist*. The business management and presidency of the Druggist Publishing Company remains in the hands of Mr. O. F. Oberbeck, who has done so much to make the Druggist the journalistic and financial success that it is. Those of our readers who so desire can get the *National Druggist* and the JOURNAL at club rates of \$3.00 per annum, for which they will get not only the two best medical and pharmaceutical journals in the country, but the best Price List of Drugs and Chemicals as well—providing they subscribe for both at the same time. Address Frank M. Rumbold, M. D., Business Manager of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL, P. O. Box 626. Sample numbers will be furnished on application.

The City Hospital, which furnishes a great part of the clinical material to the medical colleges here, should be better

equipped in one particular at least. There should be a good library easily accessible to the internes, and permanent in character. Donations of books and of medical periodicals could be made, and, in this manner, a nucleus would soon be formed. Having done this, accretions would soon follow and a good library could be secured in a few years. All the prominent societies would gladly donate their transactions and most medical journals published in this country would furnish one copy free for this purpose.

Decrease in Infant Mortality.—As will be seen by looking at the condensation of the Health Commissioner's report for December, 1887, found elsewhere, the infant mortality of St. Louis has sunk from an average of $41\frac{1}{2}$ per cent. in 1886 to less than 17 per cent in 1887. This is a great gain, and encourages physicians in their efforts to hold up the hands of the Health Department of our city. Every one of us should be glad to render every assistance to the authorities in the good work, and we can do this most efficiently by obeying the spirit, as well as the letter of the laws in regard to reporting infectious and contagious diseases.

Vital Statistics of St. Louis for December.—The Health Commissioner's report on the vital statistics of the city shows a slight increase in mortality, over that of the same month in 1886, viz., 776 as against 681. This result is only in proportion to the rate of the city's growth during the year. Of the total number, 122 died in the various city institutions,—55 in the City Hospital, 10 at the Poor House, 18 at St. Mary's Orphan Asylum, 8 at Alexian Bros.' Hospital, 4 each at Mo. Pac. R. R. Hospital and St. Vincent's. The balance were about evenly distributed among the other charitable institutions. The great number from St. Mary's Asylum is accounted for by the fact that it is a Maternity Hospital as well. That there was not a death at the Pest House during the month (nor the 23 months preceding it) is sufficient proof of the absolute freedom of our city from small pox.

As was to be expected, diphtheria is accountable for by far the greatest number of deaths from any one disease, the total figures from this cause being 115 as against 94 during the same month in the previous year. Of these 112 were white and only 3 colored, and all of the latter were under 3 years of age.

The infant mortality during the month was 285 under 5 years, and 58 between 5 and 10 years of age. Under 1 year, there were 125 or nearly 17 per cent of the total. There is a falling off from the average, which in 1886, for the entire year reached 41½ per cent. It would be instructive could we learn the causes which have led to this great improvement. For a considerable proportion of the amelioration we think we can justly give a large share of credit to the efficiency of the sanitary inspection of our Health Department.

In dark contrast to this gain is the fact that notwithstanding the almost absolute immunity of the negroes from diphtheria, their death rate which should be only about 5 percent of that of the whites is over 11.

The number of births reported was 925 of which 883 were white and 42 colored, the latter being about 5 per cent of the former.

The Membership of the St. Louis Medical Society is receiving constant accretions from the ranks of the younger men. This increase is absolute, as there have been neither deaths nor resignations for quite a long period.

There has been such a large number of pathological specimens presented before the St. Louis Medical Society of late, that some members think a pathological society would prove an aid, as oftentimes valuable discussions must be materially abridged in order to afford opportunities to present other specimens.

The Druggist (not the *National Druggist*) does not wish physicians to read its columns, because they might thereby learn the price of drugs. The reason given for this, is that physicians should pay druggists an advance, whenever they require anything. It (*the Druggist*) even goes so far as to assert that it will strike from its subscription list any physician who "surreptitiously" obtains it. Why these concealed flings at physicians? Upon what has this new Cæsar fed?

Married, on Thursday, Jan. 26, at Centralia, Ills., at the home of the bride's parents, Dr. Waldo Briggs, of St. Louis, to Miss Nellie Chandler, of Centralia.

The groom, whom we have known since youth, is one worthy of the love and devotion of any woman. We wish him and his

bride all the happiness possible, and hope that their married life may be as bright and lasting as it is usually given to the lot of mortals to be.

Doctor and Mrs. Briggs returned to this city immediately after the ceremony and commenced housekeeping at 1136 Leonard Avenue.

The Difference.—Dr. A. had been the family physician of Mr. B. for some years, but had not received a call in several months. Meeting Mrs. B. on the street one day recently, he asked what was the trouble. "Well," she answered "to be frank with you Mr. B. thinks your bills are too high. You charge us \$2.50 a visit and Dr. M. only charges us one dollar. We prefer *you*—in fact, I have no confidence in anybody else, but we think you ought to come for the same as Dr. M." "In other words" said the doctor, "you expect to get silk velvet for the price of cotton plush." The shot told and Dr. A. is again sent for. He had addressed his argument to the understanding of the lady.

There is War in local pharmaceutical circles again, over the subject of cut prices, and the pill-makers are having a high old time. While it is nothing that will really inure directly to the benefit of the pill-prescribers and pill-takers generally—or the doctors and their patients, the question which is dividing the pharmacists is one which indirectly affects every physician and almost every person in the community, as it involves a peculiar condition of things commercially, and one which shows how far-reaching is the tendency of the great "general stores" to dip into the affairs of every other species of legitimate trading. About the middle of January the city druggists were startled at learning through the advertising pages of the daily journals that Mr. M. W. Alexander, the well-known pharmacist of Broadway and Olive, had determined to cut the prices on all proprietary and patent medicines. The prominence of Mr. Alexander as a man and pharmacist and also as an official of the State Board of Pharmacy, made this action on his part all the more important, and it resulted in a meeting of the city pharmacists, *en masse* with the view of taking action to put an immediate stop to his unheard of and undreamed of action. This meeting was very largely attended by the pharmacists, wholesale and retail from every portion of the city. The proceedings are said to have been very lively, and it was developed in the course of the debates that Mr. Alexander had taken the course alluded to as the only means of meeting the encroachments of the great down town dry goods and grocery stores which were selling these patent medicines at cost price or nearly so, as an advertisement, or as a means of drawing and keeping trade. It was stated openly that the Wm. Barr Co., Scruggs, Vandervoort and Barney, The Boston Store,

and a number of others were engaged in this business, and Mr. Alexander claimed that he had determined to meet their cuts and fight the devil with fire. During the debate, Mr. Ude, a prominent North St. Louis pharmacist charged Mr. Alexander with saying that he didn't care for the patent medicine trade as he expected to make up what he had to lose by cut rates in it, on his prescription business. In other words, that he took off an inch on the one side to add three inches on the other. Of course, Mr. Alexander denied this, but Mr. Ude stuck to his assertion. What will be done in the momentous matter remains yet to be seen, but it is a very pretty quarrel as it is, and the whole thing is rather a curious commentary upon the general tendencies of trade in large cities. It was also stated in the meeting referred to, that a movement is on foot, and a very formidable one, if reports can be relied upon, in the shape of a society having for its object the regulation of the whole question of miscellaneous trading. The members of the new society pledge themselves to trade with establishments like those mentioned, which deal in articles and strictly in their own line of business—in other words, that dry goods stores must handle dry goods; shoe stores, shoes; furniture dealers, furniture; and grocers, groceries. The scheme is utopian, but if it should succeed, what will become of the drug stores when they are forced to discard cigars, candies, fancy goods, etc., and come square down to legitimate drugs?

SPECIAL.

THAT EXORBITANT FEE!

Our readers will doubtless recall to mind some strictures which were passed upon the conduct of one of our esteemed contemporaries for the manner in which it assailed Dr. Unna of Hamburg. The following was received a few days since and speaks for itself:

HAMBURG, JAN. 12th, 1888.

DEAR FRIEND AND COLLEAGUE:

The notice of an exorbitant fee, which I have been accused of exacting not long since, whilst in America, is certainly made out of the whole cloth. I have never exacted or demanded a fee in any consultation in America, but always left the matter to the judgment of the patient, and in the specified case I received but a fraction of the amount that was credited to me in the item.

Believe me, Yours,

Dr. P. G. UNNA.

We hope that this will effectually settle the matter, though we may have something more to say about it in the future.

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Original Contributions.

DOUBLE COMEDO,* BY A. H. OHMANN-DUMESNIL, A. M., M. D.,
OF ST. LOUIS.

III.

As is well known, sebaceous glands are of three varieties :
1. Those which open directly into the hair follicle ; 2. those opening upon the skin and associated with rudimentary hairs ; and, 3. those opening directly upon the surface, but not associated with hairs. The minute anatomy of all of these is about the same. There is an outer envelope of a more or less structureless membrane which is supported by connective tissue. This membrane is the basement membrane of the gland and serves as a framework upon which the lining cells find support.

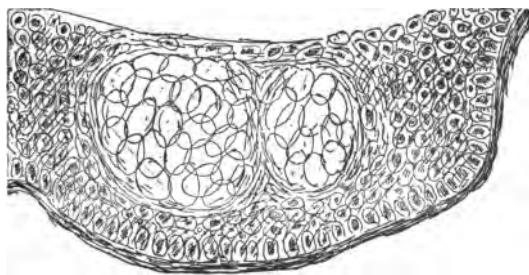


Fig. 15.

These cells still continue to retain their characteristics ; being in general, columnar with large and distinct nuclei and capable of resisting quite an amount of pressure as will be shown later on.

* Read before the Ninth International Medical Congress, 1887.

Although these cells are said to be arranged with great regularity, we occasionally find specimens in which they appear rather irregularly placed (Fig. 15). Within the line of these cells are found numerous polygonal or roundish cells containing nuclei which are large. These cells, as the centre of the gland is approached, are seen in various stages of fatty degeneration and, sometimes, there seems to be an abrupt change from the cells to the swelled-up, bladder-like vesicles containing almost nothing but fat and very indistinctly marked nuclei (Fig 15). The origin of the cells which are constantly appearing to undergo fatty degeneration, is a question which has, for a long time, occupied the attention of microscopists and it seem destined to be solved ere long. The whole question rests upon the solution of the problem as to whether the basement layer of columnar cells is concerned in this reproduction, or whether the polyhedral cells, nearest this layer, are productive of the proliferation. A study of the karyokinetic changes of these elements will probably furnish the required solution. Be this as it may, the greatest portion of the interior of the gland is filled with fatty matter and epithelial débris which is continually being produced, and finding its way to the outer world.

The somewhat irregular distribution and slight variations in the forms of the columnar cells, lining the sebaceous gland, are most probably due to the varying amount of pressure brought to bear upon them by the skin, under varying conditions. This also tends to produce a greater or less adaptability of the gland walls to pressure without seriously interfering with the texture of the gland ; and thus afford them some aid in the expulsion of their contents. To say, however, that this expulsion is due to the action of the *arrectores pilorum* or that the movements of the skin plays any considerable part in this, seems to me to be incorrect. A much simpler explanation is that the cells nearest the duct, being the oldest, have undergone fatty degeneration much more completely than those immediately behind them and so on. As new cells proliferate, near the periphery, they exercise pressure upon those immediately in front of them, and this pressure is transmitted in the line of least resistance, and we have, in consequence, an escape of sebum into the hair follicle or upon the skin as the case may be. In the second and third varieties of sebaceous glands, mentioned above, there are no hair-muscles, and yet the sebum finds its way to the surface.

IV.

In regard to the production of comedo there seems to be some difference of opinion in respect to details. A careful consideration will show, however, that one of two causes is generally at work. One is external and purely mechanical; the other internal and, to some degree, organic. In the first, the mechanism consists simply in a plugging-up of the mouth of the duct, foreign matter becoming wedged in, so to speak. The sebaceous material behind this is unable to overcome the resistance and, as a natural result, accumulates. More or less inspissation takes place, especially of that portion in the duct and, the material continuing to increase in quantity, exercises a slow and constant pressure. If this continues long enough, the gland dilates, and its acini also, until we have the organ simply transformed into a sac, the duct disappearing more or less completely (Fig. 16). When the cause is inter-

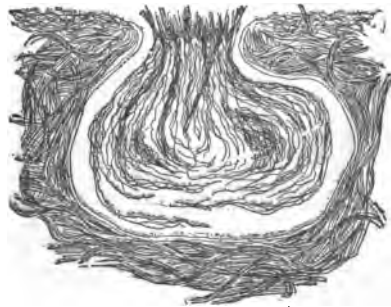


Fig. 16.

nal, the cells do not undergo complete fatty metamorphosis and the resulting mass of each cell is somewhat hard, its envelope tough and a combination of several produces a plugging-up of the outlet of the gland. The remainder of the process is essentially the same as in the first instance given, with the exception of being perhaps a little more irritating. Extraneous matter falls in the opening of the follicle and a comedo, which is extremely dry and difficult to force out, is the result. It seems that, after a certain length of time, there is an apparent cessation of cell formation, and dessication goes on, the plug separating from the walls of the sac-like

gland, as shown in Figs. 16 and 17, but seemingly attached to the edges of the opening of the duct.

In all the specimens which I have examined, I have found that the cavity was lined by a membrane seemingly structureless and upon which no cells could be found. They may have fallen out, but it is more probable, as Bärensprung suggested long ago, that after the accumulation of sebum has remained a long time, the secreting structure becomes lost, to a certain extent, the continued pressure producing more or less absorption. That a comedo may be old and still contain secretory cells has been demonstrated by Bulkley, but that these cells may entirely disappear has also been well established.

In double comedo, we have a condition that is the exact analogue of that found in the single variety. A large roundish cavity is found, lined throughout as in comedo and filled with a plug of sebaceous matter having two extremities, each one of which shows its darkened end at an opening (Fig. 17). The

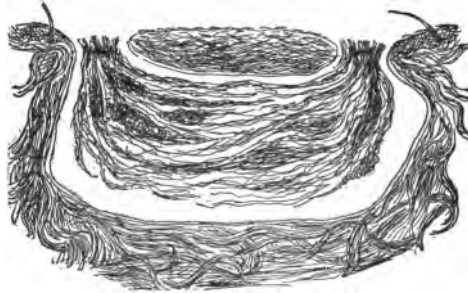


Fig. 17.

plug has the same general characteristics as in the ordinary form and differs from it only in the fact that it has two external extremities. The manner of formation is the same as in the other, after the cavity has been established.

In regard to the formation of this cavity, there can be but one of two solutions. In the first place we must suppose a condition which I consider entirely untenable, viz: that there is a congenital deviation in the form of the sebaceous gland—in other words, that one gland has two ducts. The careful examination of many infants and children has failed to show this condition. In adults, it has not been found in those

cases where no comedo existed. Yet, the comparative frequency of double comedo is such that we might reasonably expect to find such a condition were the disease dependent upon a congenital condition of this kind. The only reasonable solution which I can offer is this: That two sebaceous glands, in close proximity to each other, are each one the subject of comedo. In each one the inspissation is marked, and accumulation of the contents becomes such that the small amount of tissues existing between the two is subjected to a pressure such that it simply produces absorption of that septum, and fuses the two cavities into one. That there is a tendency for such pressure to exist and be produced is probable from the fact that in single comedo from the same individual, and in the neighborhood of the double one observed, there remains nothing of the internal or lining structure but the membrane already alluded to. The objections to this are the following: 1st. If this lining membrane is absorbed in both glands where they touch, why is it that it is not absorbed in other portions? This is answered by the fact that, where absorbed, these membranes cannot push other tissues before them, because they are opposed to each other; whereas, in other portions, the connective tissue surrounding them gives way. 2d. Why are not remains of this septum to be seen? This, of course, is not easy to answer. As a matter of fact, I have not been able to discover any remains of the minute



Fig. 18.

structure of this portion of the walls of the glands, the condition being throughout as represented in Fig. 18. We have

here, a structureless membrane outside of which there exists a cellular layer containing fibres and, external to this, connective tissue. There is no break in the membrane at any point, nor is there any projecting tissue or portion of it. It appears all around as a homogeneous, structureless mass, of uniform thickness throughout and staining a lighter color than the rest. It seems to participate in the nature of epidermal tissue in composition.

The probability of double comedo being formed by the fusion of two single lesions is rendered still greater by the fact that lesions are found in which three or four openings communicate with one common sebaceous cavity. It is more reasonable to ascribe these multiple comedones, to the action of several single ones, by pressure and absorption than to suppose the existence of a number of anomalies with the necessity of having a new one to fit each new case; whereas, in the latter instance a general and simple law suffices to explain every example. The manner in which this takes place can only be determined by the examination of specimens obtained during the active period of the process, before the final condition, just described, has taken place.

ADVANCEMENT OF THE RECTI AND INDICATIONS FOR ITS EMPLOYMENT. BY A. E. PRINCE, Jacksonville, Ill.

In the preparation of this article I am prompted by the conviction that the importance and success attending the operations for advancement of the recti muscles are incorrectly estimated. Except in a few clinics of the world this procedure is comparatively seldom employed—patients being subjected to repeated tenotomies for convergent squint, when an advancement of the opposing externus would have corrected the defect.

This conviction is further strengthened by the acknowledgement of several members of the 9th International Medical Congress, that the correction of the strabismus is not yet a satisfactory operation. Want of confidence in the surgical treatment of strabismus is still further shown by the willing-

ness of many oculists to be satisfied with a partial correction, and by the not uncommon maxim that it is better to leave a slight internal squint than to risk getting an over correction. Another maxim, which I believe arises from the lack of confidence in former operations for advancement, is, that but one eye should be corrected at a time. This is but the natural corollary of the assumed danger of over-correction.

It is my belief that if the operation of advancement of the rectus were more studied and oftener practiced, according to the indications which will follow, less apprehension would attend an over-correction than an under-correction, for in the latter event it is found the simplest matter to insert a limiting advancement suture at the time of the operation, which will advance the divided tendon with mechanical precision; whereas, to increase the effect of a tenotomy for internal squint by the further laceration of the capsule, is inaccurate and often directly harmful, for even when successful in restoring parallelism, it does so at the expense of the power of lateral motion, and is at times productive of asthenopia, and at others followed by subsequent divergence.

The same objections hold against the insertion of a suture to increase the retraction of a tenotomized muscle beyond that which is effected by the natural contractility of the muscle itself. The effect of this measure can never be calculated, and is, fortunately, too seldom efficient to be often practiced.

In conformity with the principles of mechanics, surgery and common sense, when the internal recti have been tenotomized and caused to retract to the limit permitted by the capsule, the efficiency of the opposing muscles should be increased by shortening or attaching at a more anterior point, thus equalizing the relative lateral power of both recti, and thus reinstating, rather than disturbing, the normal condition.

The tardiness with which the operation of advancement has been accorded the position of importance which it deserves, as the frequent accompaniment of tenotomy and the reliance in every case of extreme deviation, is largely due to the insecurity and inaccuracy attending the early forms of operation, as well as those which have been offered since its original conception by Gurin, in 1849.

The principal defects of all these operations are regarded by the author as depending on one of two causes: 1°. The manner of suturing the muscle: 2°. The manner of attaching the muscle to the ball.

They mostly consist of passing from one to three meridional sutures through the muscle and bringing them out through the conjunctiva, above and below the cornea. The modification of Wecker is not essentially different, but less secure, both sutures being introduced at one point, through the belly of the rectus. All methods have yielded brilliant results, but none have been attended with uniform success, and none have escaped the censure of utter failure from the escape and retraction of the muscle into the orbit.

The anatomical reasons for this are evident, viz:

1°. The fibres of the rectus muscle are held together by a very frail connective tissue which permits them to be separated by a small force. The threads which are inserted through the muscle near its cut end, have a great splitting power, met by no corresponding resistance on the part of the inter-fibrillary tissue and theca, and since the retracting power of the muscle is very considerable, there is always danger that it will escape from a suture so placed, and retract to such an extent as to cause the loss of power over the globe.

2°. The second anatomical defect is found in the feeble resisting power of the conjunctiva, which is the medium of attachment to the eye-ball.

Though this tissue is freely supplied with bloodvessels, its resistance to the cutting tendency of sutures is comparatively slight, hence it is observed that, while in the main the sutures do not cut entirely out, yet there is more or less cutting and consequent retraction of the muscle advanced, often resulting in the partial or complete failure.

A third objection which exists to this and all historical methods is the impossibility of increasing or diminishing the effect without making a new operation.

Whenever two or more independent sutures are employed to attach the muscle to the globe, the loosening or tightening of all of them would be required to change the effect, if it should be found too little or too great after the muscles

have recovered the normal motive power, which is usually somewhat impaired by the manipulative violence. It has, moreover, not infrequently happened that in tightening the sutures, when only two were used, that the tendon, or divided end of the rectus would be displaced above or below the plane of its physiological activity, causing an upward or downward deviation of the optical axis.

Those who are led to acknowledge the justice of the above considerations may be interested in following a review of the operation of the author which appeared originally in this JOURNAL, June, 1881, and in a modified and improved form in the *N. Y. Medical Record*, Aug. 8, 1885, and further simplified and perfected in the following text of the *British Ophthalmic Review*, Sept., 1887.

"In devising this operation the three points aimed at have been:

(1.) To secure an unyielding anterior fixation point by utilizing the dense episcleral tissue.

(2.) To avoid the danger of splitting the theca and consequent escape of the muscle, by the formation of a loop suture enclosing the middle portion of the rectus together with a corresponding width of capsule and conjunctiva, the cutting tendency of which should be reduced to a minimum by being made transverse to the direction of the muscular fibres; and

(3.) The formation of a knot, which, while avoiding the danger of vertical displacement, would secure precision in the maximum as well as the minimum degrees of deviation and insufficiency, and at the same time be subject to modification after the recovery from chloroform or the paresis which attends manipulation.

OPERATION.

Preliminary Tenotomy.—In high degrees of deviation, tenotomy of the opposite rectus is made for the double purpose of increasing the effect, as well as that of equalizing, on the two sides, the cicatrization, thus preventing consequent deviation.

Pulley Suture.—Fig. 19, *a*. The eye being fixed, the anchor or pulley suture *a*, is introduced slightly into the dense tissue,

one millimetre from the corneal margin¹, with a very sharp slender curved eye-needle.—(No. 25, Tiemann, N. Y.)

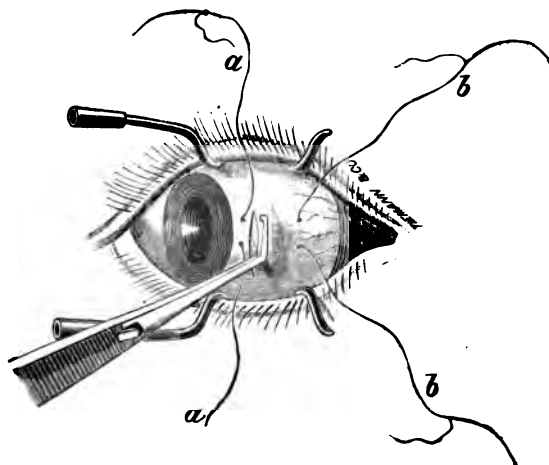


FIG. 19.

Separation of the Tendon.—The conjunctiva and capsule of Tenon having been divided, one branch of the advancement forceps (Fig. 22) is introduced underneath the tendon of the rectus, and the other closed upon it, securing the edge of the retracted conjunctiva, after which the tendon is separated from the sclera.

Loop Suture.—Fig. 19, b. Each end of a thread being armed with a needle, both are passed from beneath the elevated rectus, through the capsule, muscle and conjunctiva, enclosing the middle portion of the rectus in a loop, from which it cannot escape. The tissues in the grasp of the forceps are now divided two millimetres anterior to the loop suture, the location of which will depend on the amount of advancement required in each individual case.

In the absence of an efficient advancement forceps, this suture may be introduced by opening the conjunctiva and capsule parallel with the margin of the rectus, elevating the muscle on a strabismus hook, and suturing it together with the capsule and conjunctiva before separating the tendon.

1.—Since the publication of this operation information has been obtained that Gurin originally employed the scleral attachment, but it was thought dangerous by most subsequent surgeons and the uncertain attachment to the conjunctiva preferred for reasons which do not exist since the introduction of aseptic methods. The scleral attachment is endorsed by H. Knapp, who has employed it for many years to modify the effect of a tenotomy.

Advancement.—Fig. 20. One end of suture *b* is crossed over suture *a*, both ends of which are now brought together and securely tied, enclosing the former in a loop or *pulley*. Both ends of *b* are now brought together in the form of a surgical knot, and it becomes apparent that in proportion as they are tightened over the pulley formed by *a*, will the cut end of the rectus be advanced, simultaneously closing the conjunctival gap.

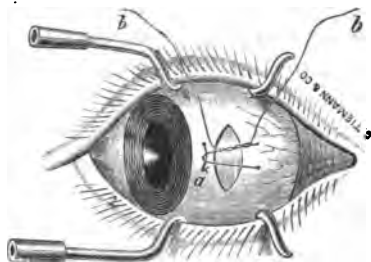


FIG. 20.

To obtain the most perfect correction, a bow-knot is tied, or the threads twisted together to prevent slipping, and time allowed for recovery from the effect of traction, which should, as much as possible, be avoided during the operation. After this, the knot may be secured, or the effect increased or diminished as conditions may indicate.

Quite the same effect may be obtained by reversing the order of the sutures and making the scleral attachment with the needle at one end of suture *b*, in which case the pulley will be formed by the bridge of dense scleral tissue. (Fig. 21.)

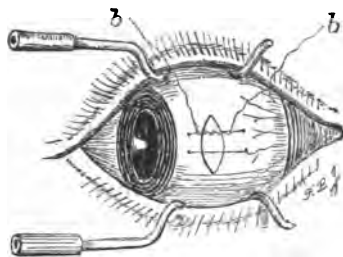


FIG. 21.

This plan has been adopted in some of my later operations and is thus preferred in St. George's Hospital, London, and in some of the German hospitals where it has been adopted.

Limiting Tenotomy.—The conception of a sliding suture, enabling the operator to regulate the effect to any desired



FIG. 22.



degree, removes much of the uncertainty attending tenotomies in cases of insufficiency and diplopia. There being no cause for ex-section, a curved needle is passed into and out of the tendon, subsequently dipping into the sclerotic in the reverse direction, thus forming sutures *b* and *a* with one continuous thread. The tendon is then completely divided without anxiety from over-correction, for, should it occur, the surgeon has but to limit the effect by tightening the suture when the tendon is advanced as may be required.

The remaining difficulty which has been experienced in these operations is the recovery of a muscle retracted from a previous operation. To accomplish this a curved needle (Fig. 23) has been devised, which will be found useful in various operations on the conjunctiva. It has a short spiral curve with an eye in the point, through which the thread passes after leaving the spool, and as now made by Tiemann, New York, and Weis, London, it will fit into any eye case and may be always threaded and ready for use."

INDICATIONS.

The following indications for the employment of advancement have stood the test of extensive observation and experience since their original publication in the SAINT LOUIS MEDICAL AND SURGICAL JOURNAL June, 1881. They are conveniently classified in the following groups:

FIG. 23. 1°. In the correction of binocular diplopia, the ease and accuracy with which the effect can be increased or diminished render this method of advancement especially available.

2°. In case of convergent strabismus, measuring by Landolt's method² less than 15°, ametropia having been eliminated or corrected, the effect of a tenotomy would sometimes be an over-correction. In such case the suture should be inserted as a safeguard against over-correction, and employed, should occasion require, to diminish the effect.

3°. In case of internal squint exceeding 15°, in which from any cause the operation is confined to one eye, a simple tenotomy of the internal rectus will seldom secure a constant correction. In such case an increase of the effect is best obtained by a requisite advancement of the externus.

4°. The same rule applies to an inward deviation exceeding 30°. A simple tenotomy of both interni without excessive laceration of the capsule will seldom suffice. In such case an advancement of one or both external recti will usually be required to effect an enduring parallelism.

5°. In case of external squint exceeding 10°, a simple division of both attachments of the external rectus will seldom effect parallelism, and as convergence is usually impaired a requisite advancement of the internus is to be made. The same is true when both eyes diverge.

6°. In case of divergent squint, (the previous condition having been convergence,) following tenotomy H. not having been corrected; or from excessive laceration of the capsule allowing the tendon to recede back of the equator; or from accidental myotomy—an advancement of the retracted muscle is imperative. If of long standing, its efficiency will be impaired and a tenotomy of the opposing externus will be required. When the muscle cannot be secured, a myotomy or an excision of the anterior end of the externus will equalize the inefficiency and restore parallelism, and besides secure from 20° to 45° of lateral motion, through the action of the retracted muscles on the capsule of Tenon or the orbital cellular tissues. This has been observed in six cases.

In these latter cases the suture is placed in the nasal extension of the capsule of Tenon or plica semi-lunaris (Cullimore) which is attached to this portion of the capsule.

2. "Manual of Examination of the Eyes," Landolt, p. 49, Ed. 1879. "Traité d'Ophthalmologie," Landolt, and Wecker, Vol. I, p. 915. Bestimmung des Schielens. Snellern u. Landolt. Handbuch der Augenheilkunde. Graefe und Saemisch, Vol. III, p. 285.

7°. In total paralysis of either rectus, with extreme deviation in the opposite direction; a favorable result regarding parallelism during direct vision, is effected by ex-section of as much as possible of the opposing muscle and the insertion of an advancement suture as above, to draw the eye into line. One case, *N. Y. Medical Record*, Aug. 8, 1885.

8°. Not the least important indication for advancement is found in the case of inconstant convergent squint in young children. In these cases, atropia and the correction of hypermetropia, when present, having failed, it is the opinion of some of the ablest authorities, including Landolt, that the externi should be advanced without making a tenotomy of the interni.

CASES.

Although loth to consume the reader's time by the recital of successful cases operated according to the above classification, I may still be pardoned for detailing some of those, the difficulties of which have contributed to perfect this operation and generalize the indication for its use.

Case I.—Miss Miller, aet. 13 years. Internal squint 25°, since infancy. As it was before the use of cocaine (1880), I determined to make a tenotomy under an anæsthetic, and increase the effect somewhat by a slight laceration of the capsule. Upon the recovery from the anæsthetic I was discouraged by the discovery that in place of a moderate internal squint, I had developed an extreme external squint with limitation of internal motion. Stimulated by the prospect of disgrace, I drew the temper from a surgical needle and converted it into a hook. With a little strategem the consent to anæsthetize the patient a second time was secured, and the effort to advance the muscle which had retracted into the orbit back of the equator of the eye, was rewarded by success. It was secured by a silk suture and attached to the conjunctiva. Union followed and a perfectly satisfactory result was the happy termination.

The experience of this case led to the construction of the eye needle Fig. 23, which was found so generally useful in all plastic conjunctival operations that a spool was inserted in the handle.

Case II.—Mrs. A., aet. 43 years, strabismus convergens, 50° , a tenotomy of both interni left a remaining convergence of 20° . A Liebrich's advancement of one externus was made, and a temporary parallelism obtained. The patient insisted, contrary to directions, in using her eye, in consequence of which the position of the sutures was not maintained in the conjunctiva, the cutting of which resulted in a loss of part of that which had been gained. As all strabismus operations which are not a perfect cosmetic success are popularly regarded as failures, this partial failure prompted an effort to introduce the sutures in such a manner that they would not loose their hold from either muscular or ocular extremity. The result of this effort, has been the employment of the loop suture, cutting transversely to the direction of the muscular fibres, and the epi-scleral suture, which, by being inserted into the superficial tissue, is resisted in its effort to cut out, for a sufficient length of time to secure union.

Case III.—Mrs. D., aet. 47 years. Extreme external strabismus in both eyes, 70° with lateral motion reduced to 10° in the right and 15° in the left eye. This arose from a myotomy or tenotomy with too extensive division of the capsule, in childhood, for the correction of a high grade of convergence. The retracted muscles were secured and attached to the sclerotic. A tenotomy of both externi was also made. Sanguine hopes were entertained that the parallelism which was secured at the time of operation would be maintained. In two weeks the divergence amounted to 30° , at which it has remained.

The following case reprinted from the *N. Y. Medical Record*, Aug. 8, '85, has led to a solution of the difficulties arising from a long standing retraction of a muscle in the orbit.

Case IV.—*Over-correction of internal strabismus followed by extreme external deviation of both eyes with limited motion.*—The following case is an illustration of what is fortunately much less common now than twenty years ago, when the importance of the relation of the anatomy of the capsule of Tenon to the operation of strabismus was seldom recognized by the numerous traveling so-called oculists and general surgeons, who, without the knowledge of refraction and its relation to strabismus so prominently brought before the profession by

Donders in his *Anomalies of Refraction*, conceived no other essential for a successful operation than that of "hooking up the muscle and cutting it off." The trail of these empirical peripatetic strabotomists is marked by such cases as that of Mr. Barney Burns, of Sidney, Ill., aged forty-three, who consulted me April 24, 1883, and whose experience will be appreciated by reference to the accompanying photo-engraving, in which effort has been made to preserve the exact appearance which he presented with the following history: Twenty-three years ago his father entertained a guest over night, who made it his business to travel the country and straighten cross-eyes. The young man having an internal squint, it was considered a rare fortune thus accidentally to have presented an opportunity which might never occur again, for they were poor, and he was willing to straighten both eyes for his lodging and \$2.50. A week later, when Dr. Strabotomist was pursuing his calling many miles away, it was considered safe to expose the eyes to the light, when the condition was revealed which has suffered no material change since that time.

Both eyes were deviated extremely outward, measuring with Snellen and Landolt's method 50° in the right eye, of which a portion of the iris was concealed under the external canthus and the lateral motion limited to 10° . With H. = 1.5 D. corrected, V. = $\frac{2}{10}$. In the case of the left eye external deviation was 40° , lateral motion 15° , H. = 1.5 D., V. = $\frac{2}{10}$. Direct vision was very imperfect, but by turning the head to bring objects in the visual axis of either eye he could see tolerably well. As he was very anxious to have an effort made for which I knew no precedent, I explained to him that I would attempt as bad an operation on the external muscles as his \$2.50 operation had been on the internal muscles, and that I hoped by the aid of a stitch to be able to draw the eyes over and hold them in position, and to effect a parallelism of the eyes, so that he would look well and have direct vision, but that he must not expect to have lateral motion, for, with the lateral rectal attachments of both eyes destroyed, he must be satisfied if they were simply straight. With this understanding, the operation was undertaken. A lateral incision was made above each external rectus and the hook introduced far back, exposing the muscle, which was divided outside the capsule. An internal advancement suture was placed in each

eye. No pain followed the operation, which was done under ether. On the fourth day there was a deviation of but 5° inward.

The most gratifying and at the same time *surprising* fact, especially worthy of note, was the *unpredicted amount of lateral motion*, which in the right eye amounted to 40°, and in the left to 45°. At the time of publication this was the only case of this kind known to me; but subsequently five similar cases have been added to the list.

THE URIC ACID DIATHESIS.—A Remarkable Case. Absolute suppression for fifteen days; Nephritic Colic; Operation; Death; Autopsy. By WALDO BRIGGS, M. D., Prof. Clinical Surgery and Genito-Urinary Surgery, Beaumont Hospital Medical College, Consulting Surgeon to the City Hospital and Female Hospital, etc., of St. Louis.

The following case is a remarkable one in any way in which it may be viewed, some of its features being unparalleled in my own experience and in that of my colleagues; nor am I able to find in the literature of the subject a similar history. Briefly, it is as follows:

On the 23rd of January, I received a telegram from Drs. Craig and Brown, of Canton, Mo., requesting me to meet them in consultation at Hotel Barnum, in this city, that evening. Dr. P. G. Robinson was also summoned to the consultation, but did not receive the message until too late to be present that evening. At 8 P. M. I went to the hotel and was shown to the room where I met the two physicians mentioned above, and was introduced to a third party in the room—a Mr. Orchard—a large, portly, apparently healthy gentleman of about 32 or 33 years of age, weighing from 190 to 200 pounds, and who was walking about conversing with the physicians. After our first greeting, I asked where the patient was over whom we had met to consult, and was not a little surprised at being told that the gentleman to whom I had just been introduced was he. Dr. Craig then explained that the patient was then suffering from a total suppression of urine which had persisted up to that moment for 336 hours, or *fourteen days*, in

despite of every effort on their part. The patient, continued the doctor, had been under the care of Dr. Brown and himself for several years, more or less constantly. During this period he had had several attacks of nephritic colic, confined entirely to the right side, and also of gouty rheumatism. After each of the attacks of renal colic he had passed small elongated uric acid calculi which were generally about the diameter of a knitting needle, and from one to three-quarters of an inch in length. He had had several periods of suppression, more or less complete, but none had lasted for any considerable length of time. As stated, the present suppression had set in after an attack of renal colic thirteen days previously (viz., Jan. 10th) and had persisted up to that moment. During this period not ten minims of urine had been passed altogether.

Questioning the patient, I learned that he was in no pain at the moment, nor had there been for several days anything like severe pain. There was, however, a constant feeling of dullness and uneasiness throughout the entire lumbar region, but more marked in the left. There was no urinary odor perceptible about his body, but on bringing the nose close to his mouth a faint but marked odor was found on his breath. Examination of the person showed no marked tumefaction on either side, though possibly the left side may have been slightly swollen. Percussion developed marked dullness over the left kidney, but no similar symptom on the right. A careful sounding of the bladder detected no stone, nor did the catheter bring away any urine. Notwithstanding all this, there were absolutely no indications of uræmia.

Taking the history into consideration, and dwelling more especially upon the absence of acute pain and the fact that the colic had been confined to the right side, I concluded that the case was one wherein the tubules of the cortical portion and the calices of the right kidney were impacted with uric acid calculi, and that the left kidney was destroyed, or at least functionless. In this diagnosis my colleagues concurred. The reasons therefor are patent, and do not require elaboration.

The next morning (Jan. 24th) at 9:30 o'clock, I again saw the patient, Dr. P. G. Robinson being present, in addition to Drs. Craig and Brown. He was then in much the same condition as on my first visit, no urine having passed in the inte-

rim. We were informed, however, that on the previous night, subsequent to my departure, the patient had had an attack of renal colic which had occasioned much suffering. The details of the case and its history were gone over again in the presence of Dr. Robinson, and further physical examination made.

After mature deliberation, it was determined that surgical interference—a forlorn hope—was absolutely necessary. The patient was thereupon fully advised and was removed from the hotel to St. Luke's Hospital, where preparations for immediate operation were made. Dr. N. B. Carson and Dr. Walter Coles were called into the consultation, and Dr. A. C. Robinson was present as my assistant.

From a careful and thoughtful study of the case, based upon the history and the preceding examinations, and also from my experience in similar cases, I desired to make an exploratory incision through the right loin, thus avoiding the peritoneum. The consultants, however, opposed this, and, after deliberation and discussion of the relative merits of each procedure, laparotomy was determined upon.

Entering the cavity, I passed my hand first to the right kidney and I found it, as I had expected, literally encrusted and impacted with calculous matter. Passing to the left kidney, I found it enlarged to the size of the head of a fœtus at term, also studded and impacted with calculi—manifestly entirely functionless. Here, evidently, further surgery could avail nothing, but, before withdrawing my hand, I gently manipulated both kidneys. The wound was closed and dressed and the patient left in the hands of his attendants. The operation was made at 1 P. M., and finished at 1:30.

At 3 o'clock P. M. (one hour and a half later), I found the patient resting easily. The pulse was 100, temperature 89°.2. The catheter passed into the bladder brought away about three drams of urine. A hypodermic injection of one-fourth of a grain of morphine sulphate was given, and the patient was left, with instructions to the nurse to take the pulse, respiration and temperature at intervals of three or four hours. I will, however, not burthen my narrative with a repetition of them, except where necessary to illustrate effects of medication.

7 P. M. The patient was still under the shock of the operation, but to my very great surprise had passed spontaneously sixteen ounces of urine.

Jan. 25, 9 A. M. Met Drs. P. G. Robinson, Craig and Brown at the bedside of patient. The report of the attendants showed that at 11:30 P. M. the patient had awoke from a short sleep, hiccoughing badly. He was given ether and milk (which had been ordered for the contingency) as follows:

R Aeth. Sulph..... $\overline{\text{Si}}$.
 Lactis..... $\overline{\text{Siv}}$.
 M. Sig. A teaspoonful p. r. n.

This gave immediate relief, and the patient, after receiving a hypodermic of morphine (one-fourth grain), had slept until 2:30 A. M., when hiccough returned and he awoke. The ether and milk again relieved the symptom and the patient slept, after passing, spontaneously, several ounces of urine, until 6 A. M., when he awoke, passed urine spontaneously, and took two ounces of milk. From 6 until 9 A. M. the patient was awake, was in no pain, and seemed very confident, bright, and in good spirits. He had urinated four times during the night, passing in the aggregate eight pints of urine.

A bottle containing eight ounces of this urine was delivered to Dr. Frank L. James for a determination of the uric acid and urates. His report is given below.

The temperature at this hour was 99° 4, pulse 134, respiration 12. At 4:20 o'clock P. M. I found the temperature 101°, pulse 130. He had passed spontaneously thirty-six ounces of urine, and had had no fluids except two ounces of milk, which were administered at 4:20 P. M.

I was compelled to leave the city that evening, and the balance of the case is taken from the record of the hospital. The pulse and temperature rose gradually, and at 5:15 P. M. the former being 130 and the latter 101° 4, he was ordered—

R Antipyrin.....gr. xv.

the dose being repeated at 7 P. M., and at 8:30 P. M. the temperature had fallen to 100° 5.

During the night the patient had several recurrences of hiccough, which was quieted in every instance by the milk and ether. At 10:20 P. M. ten drops of a solution of tincture of veratrum viride were administered, and the patient becom-

ing very restless, the dose was repeated at 11:50. Occasional intervals of sleep occurred, and at 2 A. M. the temperature was down to 100°; pulse 130. Up to this hour, and since 4:20 P. M., the patient had urinated spontaneously seven times, passing an aggregate of fifty-six ounces of urine.

At 3:20 A. M. (Jan. 26) a severe attack of hiccough came on, but was controlled as before. Temperature, at this hour, 100°; pulse 110. The pulse began to rise rapidly at 4:30 A. M., and at 5 o'clock it was 160. The end came rapidly, and when I returned in the evening at 7 o'clock, the patient had passed away, dying at 1 P. M.

THE AUTOPSY was made by Dr. P. G. Robinson, and confirmed our diagnosis in every particular. Without going into the details, I will say that the right kidney was found impacted—the cortex and calices, with an immense number of uric acid calculi, varying in size from a grain of wheat, or smaller, up to that of a white bean. In the pelvis of the kidney one calculus was found of about the size of a hickory nut. The right ureter was also found impacted with calculi. The left kidney was much enlarged, and contained numerous cysts into which the end of the finger could be placed, and which had evidently contained calculi. Inserting the finger into any of these, calculi could be felt through the walls, any and everywhere throughout the kidney.

The following note from Dr. James explains itself:

MY DEAR BRIGGS: The bottle of urine handed me yesterday contained a trifle over 60 drams of urine. Heating it in the waterbath nearly to boiling, I rapidly filtered it, saving the crystalline deposit left on the tared filter, drying and weighing. It consisted entirely of uric acid crystals (with the exception of the morphological elements, the weight of which was infinitesimal), some of which were very large. The total weight of these, gathered on the filter, was 54.4 grains. The filtered urine was then treated with hydrochloric acid and refrigerated. Filtered in the cold, twenty-four hours afterward, I obtained 2.2 grains of uric acid, which, added to the former amount, makes a total of 56.6 grains of uric acid. As you did not request it, I did not examine for anything else.

Yours truly,

FRANK L. JAMES.

Dr. Auvard, of Paris, has assumed the management of the *Archives de Tocologie*, founded by Prof. Depaul.

[March,

Hospital Reports.

ST. LOUIS CITY HOSPITAL.

H. C. DALTON, M. D., SUPERINTENDENT.

XXIV.—APOPLEXY OF THE OVARY.—GENERAL PERITONITIS.—DEATH.—AUTOPSY. By BRANSFORD LEWIS, M. D., Assistant Superintendent.

M. L., aged 24, American, married, servant. When admitted, on November 8th, the patient was irrational and no clear history of her disease could be gained. She said that she had been ill eight days, each evening of which she had had a chill followed by fever. Her temperature was then 103°.2, pulse 132, respiration 14. The abdomen was tympanitic and so tender, that a thorough physical examination of the patient was rendered difficult. Her heart, lungs, liver and spleen appeared to be normal, however. She was continually vomiting or belching and showed her distress by frequent groans. The vomit soon became fecal, and catheter and enema were necessary to evacuate the bladder and bowels, the latter bringing away a small amount of feces. A trace of albumen was discovered in the urine. There was no alleviation of the symptoms and the patient died on the morning of November 11th. The treatment employed was, stupes, morphia and stimulants, and a cold pack when her temperature went once to 106°.3 F. The autopsy revealed the presence of a diffuse purulent peritonitis, with considerable accumulation of pus, and lymph. The right ovary was about the size of a hen's egg. On its surface was a layer of recently deposited lymph. Its wall was thickened. A large recent blood-clot was contained in its interior. The uterus was normal aside from a slight left lateral laceration of the cervix. The right Fallopian tube was occluded. The rectal mucous membrane contained a few small round ulcers, with abrupt borders and depressed centers.

Graily Hewitt explains the formation of these collections of blood in the ovary in the following way: "A Graafian follicle does not burst, as it should do, into the Fallopian tube; hemorrhage takes place within it; it enlarges from continuance of the bleeding, and rupture occurs." From the conditions found post mortem, the direct connection, if there is such, between the hæmatic cyst and the peritonitis, does not seem evident. Hewitt speaks of the ovary rupturing under such circumstances, giving rise to hæmorrhage into the peritoneal cavity, but this did not occur in this instance.

XXV.—ACUTE TORTICOLLIS.—RECOVERY. By BRANSFORD LEWIS, M. D., Assistant Superintendent.

T. R., aged 47, American, single, laborer. The patient was admitted on November 3rd, 1887. He stated that on the evening of November 1st, while running, he fell on his left side which caused a slight pain on the left side of the neck. The latter was not directly injured, however. The next morning, on turning in bed, he twisted his neck in some way, after which he noticed pain in the region of the third and fourth cervical vertebræ. When admitted to the hospital, his neck was twisted in such a manner that the face was turned to the right and downwards, and he was unable to rectify the malposition. The head could be straightened easily, however, by lifting its weight and rotating it on the spinal axis, and the patient would feel much relieved when the strained position was corrected. But on releasing the grasp on the head, it would immediately assume the abnormal position. No change in the natural relations of the vertebræ, or in the appearance of the soft structures of the neck could be found.

After straightening the neck, a high plaster collar was fitted closely around the chin, neck and occiput, extending well down on the shoulders, after which he felt very comfortable. Aside from the local trouble as detailed, the patient was perfectly healthy. By November 9th,—six days after entrance—the head maintained the proper position without assistance, and he was discharged well.

XXVI.—ALCOHOLIC PARALYSIS OF THE EXTREMITIES.—RECOVERY. By BRANSFORD LEWIS, M. D., Assistant Superintendent.

Pat A., aged 35, Irishman, single, laborer. Admitted August 24th, 1887. The patient's family history was good, except that of a sister who died of acute phthisis. His occupation—peddling—exposed him to all sorts of weather, and he was a periodical drinker. Shortly previous to the beginning of the malady, for which he entered the hospital, he had chills and fever for a few days. During one of his sprees, while warm and sweating, he went to sleep in a draft, became chilly in the night and then noticed, for the first time, a numb feeling in the hands and feet, and the limbs seemed to be weaker than usual. This rapidly developed into complete loss of power in the extensors of all four extremities, but the flexors remained slightly under his control. Sensation was normal. He had none of the pains in the limbs that generally precede or accompany alcoholic paralysis, and he was otherwise healthy. Localized hypodermatics of sulphate of strychnia in .002 gram. (1-30 grain) doses were given three times a day, and soon gave evidence of the benefit derived from them. Massage and electricity were also used, and seemed to hasten recovery. At first, to the faradic current, there was no muscular re-action, but this was soon developed by the use of the galvanic current, local and general.

The patient departed on October 18th, greatly improved; he was then able to walk without assistance, and his grip was becoming of considerable strength.

●

French Medical Journals speak of the stenocarpine sensation as a new and loud American humbug.

A Case of Self-Castration, resorted to as a remedy for seminal emissions is reported in the *Southern Medical Record* by Dr. R. H. Boland. The patient recovered.

Dr. Beaven Rake, Medical Superintendent of the Trinidad Leper Asylum has promised to write a number of articles for the JOURNAL. The first of these will appear in our April issue.

1

1888.]

Editorial Department

FRANK L. JAMES, PH. D., M. D.,
AND
A. H. OHMANN-DUMESNIL, A. M., M. D. } Editors.
FRANK M. RUMBOLD, M. D., Business Manager.

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A NEW LOCAL ANÆSTHETIC.

Those who have read the works of Livingstone, the African explorer whose life went out in the heart of the Dark Continent a few years ago just as aid had reached him, will remember that he speaks of a drug used by the negroes for various purposes, and called by them *haya* or *hayab*. He states in one instance that having touched it to the tip of the tongue the sense of taste was suspended or annihilated for a time.

In the early part of this century, Oertel writing from the West Coast of Africa mentions a "red drug" which the negroes used as an arrow poison, and as a potion in the trial by ordeal of those accused of witchcraft, and similar crimes. The supposed criminal was made to drink a solution of this red material and if he vomited within a few moments afterward he was adjudged innocent and set free. If he failed to vomit he was forthwith dispatched with stones and clubs. This drug was also called *haya*, and Oertel sent a specimen of it to the Berlin Botanical Museum, where it has since lain neglected until very recently.

Oertel, upon investigation, found that it was the inspissated juice of an *Erythroleum*, mixed with some more or less

inert foreign substances. The plant was given the name of *Erythropleum judiciale* from the circumstance above detailed. A specimen of it was also sent to Berlin along with the poison.

Very recently this drug has sprung into sudden and altogether unexpected prominence through the researches of Professor Dr. L. Lewin, the well-known Berlin scientist, who announces that it is a local anæsthetic of overwhelming intensity and destined to throw cocaine entirely into the shade.¹ The following, taken from the *Wiener Medizinische Blätter* gives the gist of Prof. Lewin's remarks before the Berliner Medizinische Gesellschaft.

A chemical investigation shows the active principle to be a glucoside to which the name *erythroplein* has been given. A minute quantity of an aqueous solution instilled into the eye of a cat produces total anæsthesia of the organ. So deep and lasting was this affect that twenty minutes after instillation nothing that could be done to the organ seemed to produce the slightest sensation, and these effects did not pass off (in the different experiments) under ten hours, in some instances being still marked twenty-four hours afterwards.

Injected hypodermically or intravenously into frogs, in very minute doses the effects were remarkable. The heart beat lowered from 38 strokes to 8 strokes per minute within a few minutes after injection. From time to time with rythmical periods a spasm (Krampf-welle) commencing at the eyes rolled over the whole body clear to the end of the tail. In those mammals which vomit the injection produced emesis within a few seconds.²

In some further experiments, detailed in the *Pharmaceutische Post* for Jan. 22, (No. IV, p. 53), the nature of the principle was found to be that of an alkaloid, and not a glucoside. For ocular anæsthesia a two per cent. solution is found to be of tremendous energy producing an anæsthesia, which to use the language of Lewin, he deemed scarcely possible³ and lasting from 24 to 48 hours gradually vanishing spontaneously and

1. Ueber ein neues locales Anæstheticum von überraschendster intensivster Wirkung. . . Dasselbe scheint berufen das Cocain ganz in den Schatten zu stellen. *Wiener Med. Blatt.* Nro. 3.

2. Bei denjenigen Thieren welche zu erbrechen im Stande sind, trat unmittelbar nach der Injection Erbrechen ein. *Idem.*

3. Eine 2 per cent. Loesung. . . bewirkte nach 15 bis 20 Minuten eine so vollständige und langdauernde Anæsthesie wie sie Lewin vorher nicht für möglich gehalten hätte. *Pharmaceutische Post*, Jan. 22, '88 S. 53.

apparently leaving no evil sequelæ except a certain irritation of the epidermis which also vanished after a few days.

When erithropleine in two per cent. solution is injected under the skin of guinea-pigs or any other equally susceptible animal, within fifteen minutes an anæsthesia is produced around the point of injection so deep that the skin and tissues may be pinched up and excised clear down to the superficial muscles without the display of the slightest sensation of pain, and if left alone for a somewhat longer period the muscles themselves partake of the anæsthesia and can be pierced, excised or otherwise surgically treated without causing pain. The lethal dose with mammals has not been fully established, but death is in every instance accompanied with profound convulsions. We await further information concerning this latest wonder in anæsthesia with impatience and have taken steps to procure a sample of the drug at the earliest possible moment.

GASOLINE OR PETROLEUM FOR RODENT ULCERS.

In our department of Diseases of the Eye and Ear, in the present number, Dr. Williams gives the history of a case apparently of epithelioma, of twelve years standing, cured by the patient by the daily application of gasoline. While, under the circumstances, we may well doubt the fact that the growth was cancerous (though it had been so pronounced by several reputable practitioners and Dr. Williams himself considered it as such) the fact that even a non-malignant ulcerated growth of such chronicity should be cured so rapidly, simply and safely is one worth recording and knowing, especially if a similar instance of equal authenticity can be cited. Many years ago a sister of the writer had a small papule developed on or near the bridge of the nose. It was treated by eminent physicians, among them the late Dr. Marion Sims and Dr. Jas. Nott, of Mobile. Both regarded it as cancerous. The writer then a child, remembers the awful mental anguish which it caused the family. After it had existed for some years constantly increasing, the patient and her husband removed to a plantation in Arkansas and the writer did not see her for many years. When next he met her, however, the ulcer was gone, a scar, not very disfiguring, alone

marking the spot where it had been. She stated that she had cured it by using *rock oil*, or petroleum, applied every day on a bit of lint cotton. The writer has used benzine for cleansing ulcerated surfaces, especially in dressing preputial ulcerations and those of the glans. Dr. Waldo Briggs to whom he suggested the remedy has also used it extensively and reports himself as well satisfied with it. It causes little or no pain and cleans off the greasy deposits, remains of oleaginous dressings, etc., in the most perfect manner and without friction.

MISSOURI STATE MEDICAL ASSOCIATION.

The date of the next meeting of the Association has been made earlier than usual on account of the meeting of the American Medical Association, which will be held in Cincinnati in the early part of May. It is more than probable that the meeting of the State Association will occur on or about the 17th of April next, at Kansas City. From present indications a large attendance is to be expected. St. Louis will send a large delegation, more especially as the President, Dr. F. J. Lutz, is from among us. The committee of arrangements, we understand, has made full preparations for the event and not only will they see to it that the scientific features of the meeting are above the average, but we understand that the members have exerted themselves to their utmost to make the social part one which will long live in the memory of those who attend. The Committee on Scientific Communications report that the titles of a large number of papers have been offered to it; and the indications, taken all in all, are that the coming meeting will be one of the most successful in the history of the Association.

A National Dental Museum is being discussed by a number of dentists. The idea is a good one and if the matter were properly handled there is no doubt that a handsome, valuable and large collection could be gathered together in a very short time.

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, PH. D., M. D., of St. Louis.

Acid Logwood Stain.—A correspondent says: "In an article which recently appeared in your journal you referred to Shaefer's acid logwood stain. How is it prepared?" I have searched the back JOURNALS very carefully and can find no mention of Shaefer's or any other acid logwood stain. A very excellent one may however be made as follows: One part of a saturated solution of calcium chloride in proof spirits (alcohol of 50°) is added to 8 parts of a similar solution of alum. Extract of logwood (the common commercial) is added to the mixture and agitated until it no longer dissolves freely. Let the container stand in a cool quiet place for a few days, decant the clear liquid (which makes an excellent stain just as it is) and to every 100 parts add 80 parts of a one per cent. aqueous solution of acetic acid. Let stand for a day or two and filter off into a glass stoppered vial.

Medico-legal Identification of Blood Stains.—M. Ferry has recently described what is termed in the French journals a new method for the identification of blood stains. While differing in an important particular from that of Ranvier, the method is not entirely new, but it is a good one. It is as follows: If the stain be upon woven fabric the fibres are to be teased out and put into a test tube and covered with a solution of sodium chloride 1:1000. After standing a while the fluid will become a brownish red. Examined by the spectroscope, if the stains were made by blood the hæmoglobin lines will appear. The examination for blood corpuscles may now proceed. For this purpose to each cubic centimetre of the saline solution add one minim of a

saturated solution of chloral hydrate, and if blood be present a rose red precipitate will be formed. Allow it to settle and remove with a pipette a drop of the precipitate and place on a cover glass. Hold this for a moment over the flame of a spirit lamp and with a bit of absorbent paper take up the clear liquid which forms. A drop of fuchsin or magenta is now added and allowed to remain a few minutes or long enough to stain the pellicle on the cover glass. Wash in water and clear with acetic acid. If blood corpuscles be present they will appear, stained a bright red. This is M. Ferry's process, and I would make a few suggestions in regard to carrying it out. It very frequently happens that the authorities (or sometimes the attorneys for the defendant) will not allow a fabric to be cut or mutilated, for reasons which are obvious. In two such cases wherein I carried out the examination, I proceeded as follows: The saline solution (1:1000) was placed in a small glass saucer or watch glass and the cloth (a handkerchief in one instance, a linen cuff in the other) was folded across one of the spots, the surface rubbed together some moments and then carefully turned over so that the abraded surfaces rested face-downward in the saucer, touching the fluid. Holding it firmly on the edges of the little vessel, a paper-knife was rubbed several times over the spot from the back. The brownish red or iron rust color rapidly imparted itself to the fluid, and after letting the glass stand for a few hours a drop removed from the bottom disclosed the blood corpuscles under the microscope. In cases where a very small piece of the stained material may be removed, the picking-to-pieces should be done in a watch glass and the saline solution poured over it.

Nobert's Bands.—A correspondent (A. H. Engelke, of Cincinnati) asks, "What are Nobert's bands, so frequently spoken of in the older works on microscopy?" Prior to a comparatively recent period, the only means of testing the amplifying powers of microscopes of the finer grades was by trying them upon the scales of certain butterfly wings, or the flinty skeletons of diatoms, the regular markings of which afforded an excellent method of testing objectives (and, of course, the combination of objective and eye-piece generally understood by the word microscope). Nobert, a French-

man, devised an instrument for ruling with a diamond point a series of very fine lines upon glass. These lines commenced with say 100 or 1,000 to a given fraction of a meter, and were in series of ten, or more, each series growing smaller in regular progression up to a certain number. Later on he made the numbers of lines to a given distance an unknown quantity, which was to be determined by the microscopist, this action being taken on account of the very important part played by imagination, or rather by a knowledge of the number which caused the observer knowing the real number to imagine that he saw and was able to count the lines. The following is a summary of the Nobert plates as known to the writer: Ten band plates, running from 11,259 to the inch up to 50,667, with no regularity between the series. Thus, for instance, No 1 is 11,259 lines, No. 2, 13,100, No. 3, 15,300, etc. The thirteen-band plate runs from 45,000 up to 112,595 to the inch; the fifteen-band plate from 11,259 up to 56,297; the nineteen band (the one most often quoted) runs from 11,259 up to 112,595 (the same initial and final as the thirteen band). The twenty-band plate runs from the initial 11,259 up to 123,854. This is estimating the Paris line at 0.088,813,783,3 inch. Nobert's bands are scarcely used any more in this country, having been superseded by those of Fasoldt, of Albany, N. Y., Professor Rodgers, of Cambridge, Mass., and Rutherford's gratings. Fasoldt, who is a chronometer maker, devised his own machine for ruling, and we are informed that it is no larger than an ordinary "100" cigar box. Rutherford's gratings are probably esteemed more abroad than they are in this country. All of the rulings, with the exception of those of Mr. Fasoldt, are accompanied by a "table of corrections," which enables the observer, who uses them as micrometers, to secure absolute correctness. So sure is Mr. Fasoldt of the correctness of his rulings (and so far as the writer knows, justly so) that he sends no table of correction with his plates. The subject is a very interesting and fascinating one for microscopists, as well as a very important one; and I shall take pleasure in again recurring to it at an opportune time.

An Improved Teasing-Needle.—The accompanying cut shows the form of a teasing needle which the writer has used for some time past in lieu of the old straight and curved

needles, over which it possesses many and manifest advantages. It may be held in the hand exactly as a pen-holder, and when two are used the curved portion may be laid flat on the material, thus holding it in place while it is teased out by the aid of the other.



The points may be made of heavy straight needles, the temper of which is drawn by holding for a moment in the lamp. A better material however is old umbrella wires drawn and filed down. The cut gives about the proper curvature.

Fig. 24.

Department of Dermatology and Genito-Urinary Diseases.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

Oils and Fats in Skin Diseases.—It has been a popular idea with the laity, that many affections of the skin are due to an overindulgence in these dietetic agents, especially in the form of butter, gravies, etc. It is supposed that these agents cause rough skin, pustules and all the diseases bearing these as symptoms. Dr. Robert B. Morison is of the opinion that good butter and oil are not indigestible (*Maryland Medical Journal*) and that many rough skins need no other treatment than the liberal use of butter, oil, milk and "rich" food. Cod-liver oil for example, given in small doses is beneficial in persistent cases of acne simplex. A teaspoonful or less, given thrice daily, is sufficient; the pure oil being preferable to an emulsion. Dr. George Henry Fox thinks that fats and oils not only act in subserving the general nutrition of the body (*Dietetic Gazette*) but they furnish food to the nervous system. There are few skin diseases which are not more or less neurotic in character, and upon that basis, fats act beneficially. Although there may be some

question as to the rationale of the action of fats in respect to the skin, the fact remains that they do act beneficially in a large class of cases. It is also a fact that this is an article of food which is not often recommended, solicitude being more exercised in regard to what should *not* be taken rather than to those articles of diet which the patient should take. A caution to be observed in the administration of oils and fats is that too much should not be given. Only such an amount is to be taken as will be digested; nor should it be given in such a manner as to produce a feeling of nausea. Fat or butter can be thoroughly mixed with bread or potatoes and rendered quite palatable in this manner. In the administration of oils it is best to wait until an hour after meals. By this time gastric digestion has been nearly accomplished and the oil which is taken almost immediately enters the duodenum to be acted upon in the small intestines.

Treatment of Warts.—The methods of treating warts have undergone quite a revolution in the past few years. Everyone almost has employed nitrate of silver or nitric acid for their extirpation and removal by the knife or ligature has also been a favorite procedure. Of late, however, it appears that the same end is obtained by internal medication. We were told not so very long ago, that by taking small doses of carbonate of magnesium daily, the warts would disappear. In a late number of the *Bristol Medico-Chirurgical Review*, Mr. Bingley G. Pullin gives a short account of the beneficial results he has obtained by giving arsenic internally. In the first case detailed, a young lady of 17, the hands were the seat of the warts, and a mixture containing liquor arsenicalis three minims, twice a day was given and in about a week the warts had disappeared. In another case of a boy of eight, two minims of liquor arsenicalis was administered twice a day: in two weeks all the warts but one had disappeared and this was easily removed by the fingers. In a third case in a patient four years of age, one minim of the same drug effected a cure in about ten days, two doses of the medicine being given daily. Mr. Pullin says that he has treated a number of other cases with equally gratifying results, and he very pertinently remarks that in treating young children especially, a painless method is of the highest advantage.

The plan is one which is certainly worth trying. Another advantage, which is not mentioned, is the avoidance of sores. There is one point in connection with this which must not be forgotten. In all the cases reported, it was only the hands which were involved; or at least those are the only implicated parts which are mentioned. The question which naturally arises is, will this method act so favorably upon warts in other regions? If so, it would be of the highest value, for many persons are affected with warts of the face, neck, scalp, etc., who leave them go untreated on account of the terror which they have for the knife and caustics.

Hyperidrosis.—Dr. C. W. Cutler considered the subject of hyperidrosis in a candidate's thesis, read before the New York Dermatological Society (*Journal of Cutaneous and Genito-Urinary Diseases*). He thinks that the cause of hyperidrosis is usually a nervous one and the secretions of the sweat glands seem to be controlled by the ganglia of nerves of the sympathetic system. The corollary he deduces from this, is that hyperidrosis is a functional affection of the sympathetic system. The sweating of the extremities is usually symmetrical, this being due to the close relationship and anastomosis of the sympathetic ganglia of the trunk; and asymmetrical on the head and neck on account of the absence of this relationship. The disease is functional rather than organic, because we find but very slight structural changes in the affected sweat glands, and these changes can be accounted for by the hyper-secretion. The difference in the appearance of the affected skin, observed on the extremities and trunk is due to the difference in distance from the center of circulation, as the physiological conditions are the same. Dr. Cutler further states that painful and tender feet, not rheumatic, are usually the result of hyperidrosis, while bromidrosis is usually the result of uncleanness—not removing the secretion promptly, the latter statement being one which must be taken *cum grano salis*. In the treatment of hyperidrosis nerve tonics are generally indicated and local treatment is always indicated; for although it may not effect a cure, it nearly always relieves the symptoms. As respects the local treatment, powders containing bismuth and salicylic acid have been found very satisfactory. As to the use

of ointments and plasters, nothing has been found to act better than the diachylon ointment as employed and recommended by Hebra. This treatment is especially beneficial in severe forms affecting the feet. I have had good results follow the use of the emplastrum plumbi, which after all is nothing but a diachylon plaster.

Alopecia in Hereditary Syphilis.—In a series of papers on the Venereal Diseases of Children by Dr. F. R. Sturgis, in the *Archives of Pediatrics*, syphilis of the new-born, occupies a considerable portion of the writer's attention. Speaking of alopecia, which occurs in the newly-born syphilitic child, he states that it is of two kinds: The one which takes place early in extra-uterine life, the other with the manifestations of the late variety. The first kind is general. It attacks the hair of the head and the eyebrows as well. The hairs are scanty and readily fall out, leaving the child bereft of hair. Or the hair will fail to grow as readily as it should. In the second variety we have a loss which is either complete or, as happens most frequently, it is confined to certain portions of the head. The regions most frequently attacked are the fronto-parietal and the alopecia manifests itself in bands which are more or less extensive and having an antero-posterior direction. This alopecia is seldom observed on the vertex, either frontal or occipital. In all cases, however, the eyebrows are scanty, sometimes entirely wanting. In addition to the alopecia there is sometimes epithelial pigmentation. The seat and extent of the alopecia distinguish this from other forms of baldness in children. Mercurial treatment rapidly arrests the progress of the baldness, but it will not renew the growth of hair. The growth of hair, however, takes place, but it is generally somewhat scanty; and, in those affected with hereditary syphilis, a luxuriant growth of hair is not seen. They moreover have a tendency to become bald quite early.

Prophylaxis of Venereal Diseases.—This question is one which, far from having lost its importance, is daily becoming of greater moment. Although it has attracted a large amount of attention in this country at the hands of individuals, in Europe it has formed the subject of the de-

liberations of some of the most learned medical bodies. The Académie Royale de Belgique has had this subject under discussion for a certain time and it finally formulated its conclusions as follows (*Archives de Médecine et de Chirurgie Pratiques*): 1. The Academy regards the regulation of prostitution as necessary to limit the dissemination of venereal diseases; 2. That form of prostitution which operates itself in the streets, promenades and public places (street walkers, clandestine prostitutes, "roomers"), being the most active in the propagation of venereal diseases, must be prohibited; 3. Women who are convicted of habitually prostituting themselves, must be registered, and must submit to sanitary examinations; 4. The registration and examination shall be authorized only under certain guarantees which must, under all circumstances and at all times, protect the honor and dignity of the person; 5. The Académie Royale de Belgique regards good sanitary examinations, frequently made and properly conducted, as constituting the most efficacious method of arresting the propagation of venereal diseases and syphilis. These have not been favorably looked upon by the Government, being regarded as incomplete and not sufficiently explicit, and because, furthermore, police measures are introduced, a matter entirely foreign to the medical aspects of the case. This latter point could be very properly criticised and it could be urged that without proper judicial means the medical recommendations could scarcely be enforced or practiced with any degree of success. A commission, however, has been appointed and we are led to expect that they will formulate something better.

The Gonococcus.—The experiments of M. Orcel, upon twenty-one patients, have led him to formulate his conclusions as follows (*American Journal of the Medical Sciences*): The gonococcus has its habitat not only in hæmorrhagic pus, but in the depths of the tissues. Micturition and even the washing out of the urethra are not sufficient to remove it, as it may still be found immediately after, by scraping the surface with a curette. He believes that, as he has found gonococci obtained in these scrapings, with no admixture of cellular elements or pus corpuscles, the penetration of the latter by the coccus occurs on the surface of the mucous

membrane or in the lumen of the canal. The gonococcus is still shrouded more or less in mystery; for while Prof. Castiaux, of Lille, claims to have cultivated this micro organism, after maceration of the fragments of pus-stained linen, in agar-agar peptonized and sweetened; Dr. Giovannini, of the University of Bologna, has been led to the following conclusions by cultures that he made: The muco-pus of gonorrhœa contains five species of micro-parasites, differing both morphologically and in the results of their cultures. Of these, two are found in normal urethras of healthy men. Some of them are related to the organisms which cause ammoniacal fermentations of the urine. When injected under the skin or into the peritoneum of rabbits they do not give rise to suppuration and when placed in contact with the urethra in man, they do not produce gonorrhœa. At present it is not possible to cultivate a micro-organism possessing the pathogenic properties attributed to the gonococcus. While these last conclusions may be perfectly correct, they do not invalidate the proposition that the gonococcus is always present in gonorrhœa and that it gives certain reactions in the presence of certain agents; in other words, that it may be distinguished by certain methods of staining and bleaching.

SHORT TALKS ON DERMATOLOGY.

Under the above caption the Editor of this Department proposes, in each number of the JOURNAL, to give a short practical synopsis of the principal points attached to the diagnosis and treatment of some skin disease. No attempt will be made to follow any classification, but diseases will be taken up as they suggest themselves.

XXIX. MILIARIA.

This disease is a very common affection with which the majority of the laity are well acquainted. Hebra designated it as sudamina, and English writers have referred to it as lichen tropicus. In the vernacular it is best known as "prickly heat" or simply, "heat." We have two general varieties of the disease, the papular and the vesicular. In addition, there is a form in which both varieties occur.

Miliaria Papulosa.—In this form the eruption is composed of a very large number of minute bright-red papules. They are always small, varying in size from a small pin-head

to a millet and being, in consequence, but a trifle elevated above the general surface of the skin. A considerable amount of surface is generally involved by these papules, which are crowded together so as to give an almost uniform red color to the affected part. However, they always remain separate and never become confluent. The eruption appears suddenly and invades a large portion in a very short space of time—an hour or two. Preceding this invasion or accompanying it, there is a marked increase in the perspiration of the individual. Here and there, may sometimes be seen a vesicle or two.

Miliaria Vesiculosa.—This corresponds more accurately to the sudamina of Hebra, and is characterized by the appearance of numerous vesicles, which are closely crowded together, but which never coalesce. They always remain discrete, if left to themselves. These vesicles are quite small, the size being from a pin-point to a pin-head. In color we have them transparent or crystalline, whitish and yellowish and opaque. When young the vesicles present the first appearance and when old the last, and then the disease is known as *miliaria alba*. The skin in general, appears a bright red, wherever the eruption occurs, and this is due to the fact that each vesicle is surrounded by a bright-red areola. Accompanying this there is an increased amount of perspiration. In a short time, the vesicles dry up and a slight desquamation takes place in a couple of days later. As stated above the vesicles do not rupture spontaneously; but if they be scratched open, their contents dry up and small crusts are formed. In cases where a number of such exist, the condition gives the skin a yellow appearance. The trunk is the site of predilection of this form and especially the abdomen. The back and the sides of the trunk are frequently attacked and sometimes the face and limbs. New crops are liable to appear from time to time.

Miliaria may attack any portion of the integument. The portions, however, which are most commonly attacked are the abdomen, the chest, the neck and the arms. The disease appears very suddenly and develops in a few hours. It may attack but a very limited portion, or it may diffuse itself to quite a considerable extent. It is in my experience, a trouble which tends to develop symmetrically. I have never seen

one arm or one side of the chest alone involved. Miliaria may be but slight or it may be so severe as to be exceedingly troublesome and annoying. It disappears as suddenly as it appears and these two conditions of appearing and disappearing, may alternate with more or less regularity. The subjective sensations vary in intensity, but always have the same character. There is a sense of burning, tingling and itching and when the last is relieved by scratching, irritation of the skin is produced, which may eventually result in a dermatitis or an eczema.

The cause of miliaria is excessive heat, in general terms. A sudden rise in the temperature of the atmosphere will act as a causative agent, and in our latitude the disease is generally seen in the summer months on this account. Excessive or warm clothing is another cause and woollen undergarments worn during the summer will often call this disease into being. In the tropics it is more severe and there it is the papular form which is generally observed. Those who are most liable to attacks of miliaria are fleshy adults and children. Fat infants are almost certain to have it. The vesicular form, however, is observed in those whose general condition is bad, and in the weak and debilitated as well as the anæmic. In those who have delicate skins, steam baths, hot fomentations, poultices or even hot applications (dry) will cause this trouble to make its appearance.

Miliaria is an inflammatory disease of the coil (sweat) glands. The varieties which we observe are merely different stages of the same general process. We have a congestion which is followed by a slight exudation which collects very rapidly around the duct of the gland. This causes the sudden crop of papules or vesicles which is seen. After this, absorption goes on and the condition returns to the normal state.

As a rule it is not difficult to recognize the disease. It is a common and well-known affection, but the laity often make mistakes in regard to it. The papular form may be confounded with papular eczema, and the vesicular form with sudamina or with vesicular eczema. In eczema papulosum we have, as a rule, the disease coming on more or less gradually and persisting. The papules do not disappear suddenly nor do they make their appearance within such a short space of time as in the case of miliaria. Besides, the itching is

intense in character. The papules in eczema are also larger and more markedly acuminate. In vesicular eczema the same characteristics hold. In addition to this, there is a marked tendency in the vesicles to rupture and pour out their thick, viscid contents upon the surface of the skin. In sudamina we have a vesicular trouble which makes its appearance suddenly. There are no subjective symptoms of any moment and the vesicles are unaccompanied by any areola or other inflammatory symptoms. By bearing in mind these few points, there will be but very little difficulty experienced in making a differential diagnosis in obscure cases..

The treatment of miliaria is a subject which requires some little discrimination, in order not to aggravate the trouble or cause it to be converted into a dermatitis or an eczema, either of which diseases may prove troublesome. One rule to bear in mind in the treatment of miliaria is to avoid all irritants, both internal and external. Refrigerant diuretics, such as the acetate, citrate or nitrate of potassium, well diluted, will prove of service. In the papular form, which is observed in those who are robust and fat, a cool room, cool clothing and rest are of the greatest benefit. In addition to this, the food should be of a plain character, avoiding such articles as are rich in hydrocarbons or which are stimulating. Acid drinks should be taken and the bowels kept well open with saline aperients. A pleasant aperient for this purpose is the effervescing citrate of magnesia, containing but a very small quantity of syrup; or a seidlitz powder with a little lemon juice. In the vesicular form, occurring in weak or debilitated individuals, iron and quinine are generally indicated and a good form in which to administer these is the citrate of iron and quinine.

The local treatment should be of a soothing and protective character; absorbent dusting powders are useful. The use of powdered starch is very common; lycopodium is also frequently employed. A good powder is one made up of equal parts of talc, carbonate of magnesium and prepared chalk, lightly dabbed on the surface. Mild astringent lotions are also of benefit. Very dilute extract of *grindelia robusta*, *lotio nigra* or lead water are also grateful applications. Alkaline baths are perhaps the best. A solution of borax applied to the eruption, imparts a cool, comfortable sensation and has a soothing effect. Scratching and rubbing should be carefully

guarded against. The quicker the eruption disappears the better and no fears need be entertained as to the disease "striking in." There is no danger whatever from retrocession.

In miliaria, relapses are common. It is not an obstinate disease in our zone, but there is some little danger, of its going into a dermatitis or eczema, especially when occurring about folds of the skin in fat individuals. It is in this latter class that the disease is most rebellious to treatment. A peculiarity of this disease is its recurrence in successive years. Let a person once have it and it will make its appearance every year. By observing the general measures laid down above, early in the summer season and continuing them, these attacks may be entirely avoided, or will be very mild. The disease *per se* is one which is not followed by any bad effects nor does it entail more than temporary inconvenience.

The Cannon Ball as a Therapeutic Agent.—According to a French newspaper, the cannon ball has acquired a new application which is quite different from its ordinary destructive properties. A certain Dr. Sahli is credited with saying that there is nothing superior to this agent in chronic constipation. This, of course, attracts attention as it is a well-known fact that the French are a constipated people. The mode of using the cannon ball is quite simple. Upon retiring, the ball is placed beneath the coverings, in order that it may acquire the proper temperature, rendering its contact with the body more pleasant when the time for employing it has come. This is in the morning. The patient lies on his back, takes the projectile with both hands and rolls it over his abdomen in all directions for five or ten minutes. The effects are superior to those obtained from massage. "A constant reader," struck with the method and anxious to try it, inquires of the paper publishing this as to where he can obtain a cannon ball. There are certainly no cannon ball merchants. However, the answer given is quite consoling, if not perfectly satisfactory. It states that if Dr. Sahli's system is adopted, the cannon ball will become a therapeutic agent, and druggists will be obliged to keep them in stock. In the meantime, those desirous of testing the method can try boarding house biscuits or similar hard and heavy agents.

[March,

Department of Diseases of the Eye and Ear.

CONDUCTED BY

A. D. WILLIAMS, M. D., St. Louis.

Apparent Ossification of an old Lens.—The patient, a man of perhaps 30 years of age, stated that he had lost one eye in boyhood, from acute disease. Later on he had periodical attacks of inflammation which finally became so frequent and so painful that the remaining eye became threatening from sympathy. At this time he consulted me, feeling that it was imperative that he should be treated. I found the injured eye totally blind, the pupil being blocked by a dense membrane. Examining it after enucleation I found the lens quite small and extremely hard. From its appearance I am satisfied that it had undergone ossification, though I had no opportunity of having a microscopical examination made.

Abscess in the Drum thought to be Tooth-ache.—Early in February a young man had what he took to be tooth-ache on the right side of upper jaw. He consulted a dentist, who could find nothing wrong with the teeth and referred him to me. On examination I found a well-marked abscess in the right drum. The upper back portion of the membrane was bulged outwards to the extent of a pea. When punctured, pus escaped at once and when air was blown through the drum considerable more was forced out of it. I need hardly add that this promptly relieved the "tooth-ache." Reflex irritation between the teeth and the ear is usually from the former to the latter. In this case the usual order was reversed.

Epithelioma Apparently Cured by Gasoline.—An old woman in my neighborhood has had for 12 years a tumor on the right side of the bridge of the nose, close to the corner of the eye. This tumor had always been regarded as an epithelial cancer and was so pronounced by all the physicians, who had

examined it. I have observed the growth for many years and always considered it malignant. Its history was that of epithelioma. It began as a small pimple or speck and very slowly grew in size and spread in area. At times it was very red and itched intensely. Its surface ulcerated and secreted pus. When I last saw the tumor about three years since, it was in circumference about the size of a nickel and considerably elevated above the surface of the surrounding skin. Early in February she hailed me on the street to show me that her "pet" was gone. I was much surprised at finding not the slightest trace of the tumor left, nor even a scar in the skin! She told me that she had used nothing but gasoline on it, applied according to her statement, as follows: She took a little wad of cotton, wet it with gasoline and placed it upon the tumor and allowed it to remain for a few minutes and then threw it off, repeating the treatment from day to day until the whole growth was gone. The suppurating surfaces dried up and the tumor simply shrank away. Gasoline is not a caustic, nor even an irritant to amount to anything. There can be no doubt but that the tumor, whatever it was, was literally cured by the application of gasoline.

Medical Progress.

THERAPEUTICS.

Rhinitis Reflex is treated by Dr. Miot, after removal of the excitant cause, by inhalations of amyl nitrite, two drops being administered in this manner once or twice daily.

Charcoal and Camphor in equal parts are strongly recommended by Barbocci in chronic ulcers of the leg and elsewhere. Animal charcoal should be used where possible, though freshly burned soft wood charcoal is excellent.

Scabies.—Lassar gives the following as an ointment in the treatment of itch:

R Naphthol, 1 to 2 parts.
 Green soap,
 Precipitated chalk,
 Washed sulphur.
 Lanolin, of each 5 parts.

Mix and make an ointment.

A New Anæsthetic Mixture, of remarkable properties, has been discovered by M. Claude Martin, and described by him before the Académie des Sciences at the séance of Jan. 16th ult. It consists of a mixture of 25 parts of nitrous oxide

and 15 parts of oxygen, delivered under pressure. By its means he had kept a dog in deep anæsthesia for 72 hours, without the slightest evil sequelæ.

Hæmostatic Pills.—Huchard's formula is as follows :

℞ Ergotinæ.....	3 ss.
Quinise Sulphat.....	3 ss.
Pulv. Herb. Digitalis.....	gr. iij.
Ext. Hyosciami.....	gr. iij.

Mix and divide into 20 pills of which from 5 to 10 may be administered in the course of 24 hours.

Hiccough.—Dr. Waldo Briggs of St. Louis strongly recommends ether and milk as the best of all remedies in singultus. His formula is as follows :

℞ Aeth. Sulph.....	3 i.
Lactis Bov. Recent.....	3 iv.

Mix by gentle agitation. The dose is a dessert or tablespoonful, p. r. n.

Pemphigus.—Unna states in the *Monatshefte fuer Praktische Dermatologie* that he has found the following application very useful in pemphigus :

℞ Ol. lini,	
Aq. calcis,	
Zinci oxidi,	
Cretæ prep.....	33 100 parts.
M. Ft. pasta.	

Sig. Apply after opening blebs.

Gout and Rheumatism.—We find in the *Medical and Surgical Reporter* that a mixture made up of

℞ Ether.....	15 parts.
Flexible collodion.....	15 parts.
Salicylic acid.....	4 parts.
Morphine.....	1 part.

painted every hour on the joints which are affected with gout or chronic rheumatism, will afford great relief from the pain which is present.

Glycerin Enemata.—According to Vamossy (*St. Petersburg. Mediz. Wochenschrift*) an enema consisting of a half dram of glycerin and ten minims of water will produce a full but not liquid stool within two minutes after injection. The author states that only the purest glycerin should be used and that it is especially essential that it should be free from

chlorine. The writer experimented with this enema upon a patient a few days since and found that it "worked like a charm."

Naphthol Water in Ozcæna and Purulent Rhinites.—

Dr. Rualt states (*Archives de Laryngologie*) that for some time past he has used naphtholized water for irrigation of the nasal fossæ in ozcæna and purulent rhinites with most excellent success. His formula is as follows:

℞ Beta-naphthol..... ℥iij.
Alcohol, 90°..... ℥iiss.

Mix and dissolve. For use put a fluid dram of the solution in a quart of warm water and use forthwith. Where there is considerable inflammation, or idiosyncratic intolerance, which causes pain when this dilution is used, it may be overcome by injecting prior to the irrigation a solution of hydrochlorate of cocaine.

Treatment of Diarrhœa by Lactic Acid.—At a meeting of the Paris Société Médicale des Hôpitaux, M. Hayem spoke of the treatment of infantile diarrhœa due to micro-organisms by means of lactic acid. He has found that this method had markedly diminished the mortality among the children at the crèche St. Antoine. He first gave three or four teaspoonfuls of a 2% solution of the acid, but found that better results obtained by increasing this to five times the amount. He also employed this method in adults, affected with chronic and rebellious diarrhœa, and obtained good effects. In the adult two to four tablespoonfuls of the same solution were employed at a dose. There are some forms of diarrhœa in which this medication is of no benefit, viz: bilious diarrhœas. These may often be relieved by large doses of bicarbonate of sodium.

Guaiacol in Phthisis.—Creosote, says M. Fournier, in the *Lyon Médical*, is not a simple but a complex body, consisting of guaiacol, creosol, cresylol, and methyl-pyrogallol and propyl-pyrogallol ethers. Of this mixture guaiacol constitutes from 60 to 90 per cent., according to the source of the creosote, etc. Sahli now proposes to substitute it (guaiacol) for creosote in the treatment of phthisis. It is easily and cheaply obtained from creosote by fractional distillation,

nearly all that passes over between 200° and 205° C. (392° and 400° F.) being guaiacol. It is, however, in a very impure condition and must be purified by repeated solution in dilute alcohol, redistillation, treatment with potassium or sodium hydrate, etc. As thus obtained it is a colorless, highly refractive, oily liquid, having an agreeable aromatic odor, boiling at 200° C, and of 1.117 specific gravity. It readily combines with the alkalis, but the combinations are not stable. When brought into contact with perchloride of iron it gives an emerald green reaction. It should be kept well stoppered and protected from the light.

Some New Antiseptics.—The activity of German chemists and experimenters in the direction of new germicides has not abated a whit with the new year. The following are some of the latest products of this sort:

Sozoiodol, the new remedy proposed by Lassar in the treatment of certain skin diseases has no relationship with iodol as one might suppose except that both are derivatives of iodine. Iodol is pyrrol, iodized, while the new remedy is a benzin derivative. According to the new nomenclature the latter is an acid sodium salt of iodparaphenolsulphonic acid. It occurs as a glistening crystalline powder, without odor, soluble in 14 parts of cold, and slightly more so in hot water. Its behavior toward alcohol is about the same.

Oxynaphthoic Acid recently introduced as a new bactericide in Germany was prepared at least twenty years ago by Eller, and by him described in the *Berichte d. Deutsch. Chem. Gesellsch.* He called it, however, carbonaphthoic acid ($C_{11}H_8O_3$), and prepared it by the reaction of sodium on naphthol in an atmosphere of dry carbonic anhydride. In it he followed the identical steps which Kolbe, using phenol instead of naphthol, took in the synthesis of salicylic acid. It remains to be seen whether the new antiseptic possesses the virtues of the older one.

Iodine terchloride is another old and well known halogen compound of iodine recently brought forward in Germany as a germicide. It is said by von Langenbuch (*Pharmaceutische Zeitung*) to be far superior in this respect to carbolic acid, approaching mercuric chloride in its antiseptic value, and

having the great advantage over the latter of being absolutely non-toxic to the higher organisms. Iodine ter-(or tri-) chloride may be formed by mixing iodic acid with strong hydrochloric acid. Phosphoric chloride and iodic anhydride will also produce it. As now prepared, on a commercial scale, a current of chlorine is carried through wide tubes into a receiver in which sublimed iodine is also passed at the same time. A third tube leads from the receiver to a refrigerated *ballon* where the iodine terchloride forms in fragile and delicate orange yellow crystals. The substance (which consists of 54.39% iodine, and 45.61% chlorine) has a pungent but not very disagreeable odor, is moderately soluble in water and freely so in alcohol, ether, etc. Among the uses to which the new compound has been put with "satisfactory results" is the treatment of gonorrhœa by injection of a 1:1200 solution.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

The Discovery of the Bulbo Urethral Glands.—So long attributed without dispute to Cowper or Cooper (for the name is spelled both ways in the older works on anatomy), has been investigated by Mr. Henry Petit, sub-librarian to the Paris faculty of Medicine, who in a communication to the *Académie de Médecine*, séance of Nov. 29, *ult.*, declares that Méry described them in 1684, or 15 years before Cowper gave his discovery of them to the world. The original paper of Méry is in the Library of the Faculty, and M. Petit very justly claims that the glands should be called Méry's and not Cowper's.

Organic Poisons in Respired Air.—In a paper read before the *Académie des Sciences* by Dr. Brown-Sequard as the joint communication of himself and M. D'Arsonval, there are detailed the results of a remarkably interesting study of respired air. The results show conclusively what has hitherto been suspected for some time, viz: that in the air respired by all air-breathing animals, in addition to the poisonous carbonic acid gas there are other poisons, of an organic nature, and possessing properties akin to certain organic alkaloids. Among the experiments detailed were a series of intravenous

injections of distilled water through which a current of expired air had been forced. In every instance the injection was followed by an enlargement of the pupil, marked slowing and irregularity of the respiratory movements, paralytic weakness of the hinder parts, especially the legs, and a rapid lowering of temperature. The action on the heart, at first feeble with a tendency to lowering the number of beats, was after a day or two very strongly marked in the opposite direction, viz: great rapidity of beat. When more concentrated injections were given the foregoing symptoms were intensified, and to them was added a choleraic diarrhœa. The liquid which produced these effects was neutral in reaction, even to the most delicate tests. A further report is promised by the authors.

DISEASES OF WOMEN AND CHILDREN.

Rapid Laparotomy.—In these days of anæsthetics, the necessity of rapidity in operations has, to a great extent, ceased to exist. Nevertheless, there are operators who contend that, in certain operations, rapidity is an important factor in the attainment of success. In laparotomy, notably, is this the case according to them. Mr. Lawson Tait, whose phenomenal success is so well known, performs his laparotomies as expeditiously as circumstances will permit, and is said to claim a better result in cases in proportion to the time consumed in the operation, *cæteris paribus*. Dr. N. Senn, of Milwaukee, some time ago made the startling statement that he had seen Tait perform a laparotomy in seven minutes, this including the suturing and dressing of the wound. Some have been inclined to doubt this statement, but probably without sufficient reason. During the past month, Dr. A. C. Bernays, of this city, performed a laparotomy for the extirpation of both ovaries, in which he removed those organs and had the wound sutured nine and one-half minutes from the time the first incision was made. While it is very commendable to unite rapidity with precision, the latter should never be sacrificed for the former.

A French Episode.—"I was on watch," says Dr. Pierre in the *Gazette médicale de Picardie*, "at l'hôpital St. Antoine. One night, toward one o'clock, I was called to receive an *accouchée*. The woman had come of her own accord, walking, and had brought in her arms the infant, newly born and quite naked. I recognized the urgency of the case. In the morning she told me her story, which I give in her own words, as nearly as I can remember: 'I am, Monsieur,' said she, 'a very gay person. I love the ball, and have never deprived myself of its pleasures during my pregnancy, which passed its seventh month yesterday. At 10 o'clock last night, I was the first on the floor at the dance given near the *Place du Trône*, and I tell you I was at my best! It was *houp la!* After some contre-dances, I felt pains. So much the worse for you, said I to myself, if you *will* come. I am not at my term, and I am not going to quit the ball just for *you!* I won't go until as late as possible, anyhow! But the pains continued. The more I suffered, the better I danced. In a *cavalier seul*, gripped like Satan, I made wonderful contortions. I had magnificent success—my head was quite turned with it! Then came a gallop, and I grabbed my partner and led him such a pace as he never had before. All at once the waters broke. The accident was perceived, and, of course, attributed to a very different cause from the real one. Jokes fairly rained on me. I started to fly, but I was pursued. I got outside, but several were at my heels. I got down the Boulevard Mazas on a run, with thirty enraged dancers following me, anxious to catch me. At the turn of the rue de Charenton I escaped by climbing into a wood-seller's high boarded cart. Happily, my pursuers did not see the act, and, having lost my track, left me in peace. I seated myself on the ground in good time—not a moment to spare—the baby was outside in five minutes. I wrapped it in my handkerchief, and here I am! The baby is mighty little, but I am told here that it is likely to live!' She was right—the baby lived, and the mother also, and ten days later she left the hospital, having progressed without a single accident or drawback."

The San Francisco Board of Health has declared small-pox epidemic in that city.

SURGERY.

Sub-Clavicular Ganglia in Uterine Cancer.—M. André Petit called the attention of the Société Médicale des Hôpitaux of Paris, to the fact that in cancer of the uterus indurated glands are found beneath the clavicles. M. Troisier has also observed this condition both in his practice and in that of others. He has noted a number of cases of uterine and even of ovarian cancer accompanied by sub-clavicular adenopathy, without any other involvement of the lymphatic glands, no intermediate ganglia being found. He concludes from this that the condition is not found only in cancer of the stomach, in thoracic cancerous affections, but also in abdominal cancer. It constitutes a contraindication, of a marked character, to all surgical interference and on this account it should be carefully looked for in all cases in which an operation is contemplated.

Enterectomy in Gangrenous Intestinal Obstruction.—The subject of enterectomy is one which is of the highest interest to the surgeon. The statistics of this operation cannot be said to be very encouraging, but the high rate of mortality so far observed has been, in part, due to the fact that the operation was performed in cases where it was contraindicated temporarily, at least. In the course of an article on Enterectomy and Enterorrhaphy (*Dublin Journal of Medical Science*), Mr. J. C. McArdle states that from the results which he has gathered, and from his own experience of cases of gangrenous hernias, he certainly concurs with Koch in saying that in all cases of gangrenous hernia and in intussusception, when the bowel is greatly inflamed, a false anus should be formed, leaving the suturing of the bowel for a future operation, when its walls have become healthy. Even in a healthy bowel the suture line will occasionally slough, and lead to perforation and peritonitis. This being the case, how much more readily and frequently will an inflamed and softened tissue yield and produce a fatal result. Another danger is that resulting from extravasation due to the breaking down of adhesions.

Double Spontaneous Shoulder Dislocation.—M. Le Fort reported to the Société de Chirurgie a case which pre-

sents some points of interest. The patient, a young man, had syphilis and latterly epileptiform attacks. He awoke one morning with the left shoulder dislocated. Three days later, the right shoulder was also dislocated without any apparent cause therefor. He placed himself in the hands of a masseur who practiced massage upon both shoulders and sent him home without having reduced the dislocations. It was not until eight weeks later that the reporter saw the patient and reduced the dislocations, one eight days after the other, by means of Malgaigne's apparatus. For the first dislocation he exerted a traction of about four hundred pounds, according to the dynamometer; for the second he did not exceed one-half that amount. The two dislocations being reduced, he forcibly kept the arms crossed upon the breast and fearing that the dislocations might be easily produced again, he applied an apparatus to maintain the reduction. Antisyphilitic treatment was ordered. M. Le Fort could explain the presence of these dislocations only by supposing that they were produced during an epileptiform attack, during the night, the patient being unconscious of the fact. The necessity of preventing dislocation from recurring was well exemplified by M. Després who had a patient in whom a dislocation of the left shoulder was produced every time he raised his arm. He had this occur fifty-three times.

Congenital Torticollis.—While congenital torticollis or wryneck is in itself devoid of any danger to life, and is not accompanied by pain, it is a deformity which produces discomfort and uneasiness and detracts to some extent from the happiness of the individual afflicted in that manner. Dr. John D. S. Davis has devoted some study to this subject (*New York Medical Journal*) as well as to myotomy and tenotomy and he concludes that it is rare and doubtful if ever congenital torticollis is produced through the act of delivery, from a faulty application of the forceps, or from pulling out the trunk of the child before the head is extracted. On the other hand, the cause may be frequently found in the low state of vitality of the foetus which is of scrofulous parentage. Before any attempt is made to restore the head to a normal position it is necessary to perform resection of all the contracted (contractured) tissues. After this complete resection has been

made, the head should be placed immediately in the normal position, and retained there for ten or fifteen days. Congenital torticollis, excluding the spasmodic form, may be divided for treatment into three classes: 1°. Those not susceptible of material improvement, in which there is universally osseous as well as muscular involvement, dependent upon intrauterine changes of the vertebræ, rickets, or Pott's disease; 2°. Those capable of considerable improvement, but not complete rectification, which includes all those cases which may be recognized and treated early with a perfect result; but in which, from being allowed to exist until the development of the body has advanced for several years, complete malformation of the cervical vertebræ has taken place, not allowing of perfect restoration of the head to its normal position after section of the contracted tissues; 3°. Those which may be completely cured, this covering all cases where no osseous complication exists. Dr. Davis in speaking of congenital torticollis expresses a very strong doubt as to the nervous origin of the disease.

Book Reviews.

Pulmonary Consumption, Its Etiology, Pathology and Treatment. By C. J. B. WILLIAMS, M. D., and C. THEODORE WILLIAMS, M. D. Second edition, enlarged and re-written by Dr. C. Theodore Williams. 8vo. pp. 446; with four colored plates and ten wood cuts. [Philadelphia: P. Blakiston, Son & Co., 1887. Price \$5.00.

The aim of the author has been, by a careful analysis of the great number of cases in the Brompton Hospital, and his private practice, to determine what influence the progress in the treatment of pulmonary consumption by hygiene, medicine and climate has had on its duration; also to demonstrate that many of the phenomena of the disease are due to a decline or deficiency in the vitality of the bioplasm; causing inflammatory or other processes to result in short lived productions, and that much might be done by appropriate treatment to correct this tendency and to raise the standard of tissue

formation; also, to review the present treatment of the disease in its various aspects.

The author and reviser fully appreciate the value of concise reports of typical cases to illustrate the subject matter and have drawn largely from their private and hospital case-books. This is an especial feature of the book.

They firmly believe in the heredity of tubercular consumption and give many very interesting and instructive tables of statistics, one of which we give:

Average age reached by males free from family predisposition	41.51
Average age reached by males affected with family predisposition.....	39.29
Average age reached by females free from family predisposition.....	34.92
Average age reached by females affected with family predisposition.....	30.74

This shortening of the duration of life must not be attributed to hereditary phthisis being more virulent, but to the fact that those so predisposed have weaker constitutions and are liable to be attacked at an earlier period than those whose ancestors were free from taint. The fact that the offspring of phthisical parents are less strongly constituted, and consequently are more liable to offer a fertile soil for the bacillus is, we believe, the real reason of their earlier attack by the disease, and not that the disease is hereditary *per se*. The arguments presented in favor of the hereditary theory are faulty.

A close observation of a vast number of cases has led the authors to disbelieve in the infectiousness of the disease. The chapters devoted to climatic influences and treatment are very well written and are fully illustrated by reports of cases.

We can recommend the work to our readers as one of the best and most satisfactory we know of.

The Throat and its Diseases. Including Associated Affections of the Nose and Ear. By LENNOX BROWNE, F. R. C. S., London. Second edition. Large 8vo. pp. 614. [Philadelphia, Lea Bros. & Co., 1887. Price \$6.00.

This edition is a marked improvement on the first one, it being more complete in all respects. Besides this, it embraces—as I have insisted, since 1866, that all laryngologists

would be *compelled* to do—the diseases of the nose and ears. But he treats much more of the nasal passages than of the ear, and much more of the throat than of the nose and ears combined. It is evident to those who keep posted in literature of catarrhal disease of the superior portion of the respiratory tract, that rhinology will soon stand equal in importance with laryngology, and will so continue its march until the latter department in medicine will cease to be a department. Rhinology will take its place, and will make that place tenfold larger; it will also be the coming specialty; nothing can prevent these results. Evolution in medicine is as irresistible as that in the balance of nature.

Dr. Browne, very properly begins with anatomy and physiology; then gives explicit directions for the examination of the throat and larynx. He then treats of rhinoscopy; this is very satisfactory and explicit. In the therapeutics of throat diseases, after giving the medical, surgical and dietetic—this latter is very important—he very fully gives the hygienic rules that are essential to such cases. I am satisfied that writers have not, as a general thing, emphasized the importance, the paramount importance, of hygiene, in the discussion of these diseases.

After giving the general etiology and pathology, he takes up the diseases of the pharynx, uvula, tonsils and larynx, devoting a chapter to each of these organs. In chapter XXIV. he gives the general etiology and pathology of nasal and nasopharyngeal diseases; in the next chapter he gives the diagnosis and treatment of these ailments.

The ten colored plates that are in the first edition are also in this one; plates XI, XII, XIII and XIV are elegant and *accurate*; plate XV is one of the most important in the book, it shows the wonderful prevalence of the lymphatic vessels on the base of the tongue, tonsils, larynx and pharynx.

He is the first English author who has connected diseases of the ear with those of the nose and throat; he has given two chapters to this subject.

After a careful perusal of Dr. Browne's book I recommend every rhinologist to procure a copy, as it is the *only* English work that dwells upon rhinal disease in connection with throat ailments.

THOS. F. RUMBOLD.

Literary Notes.

We have received the Ledger of Monthly Balances and Index of Accounts which is a companion to the *Medical World Visiting List*, which we noticed last month. The Ledger is compact, neat and well indexed. A leading feature is that it can be easily carried in the pocket. The whole is published at a very reasonable price by the *Medical World*, of Philadelphia.

The Canadian Practitioner, which is one of the brightest and best of the journals which come to us from over the border, has donned an entirely new suit, including a cover of new and pleasing design. We are glad to note these signs of prosperity in our contemporary and all the more so as it is entirely deserved, which is not always the case in this wicked and unregenerate world.

Manual of Differential Medical Diagnosis is the title of another of the numerous and valuable manuals published by the enterprising house of G. P. Putnam's Sons, of New York and London. Dr. Condit W. Cutler, the author, has thoroughly revised his work and in this, the second edition, has added a chapter on the Differential Diagnosis of Coma. The author's clear and terse manner of handling his subject has made his book a favorite with the student and practitioner.

Dr. D. T. Smith, for the past two years one of the editors of that excellent journal the *Louisville Practitioner and News*, finding his editorial work conflicting with his practice, retired therefrom with the issue of Feby. 4th, just at hand. Dr. Smith has during his connection with the *Practitioner and News* furnished it with the admirable translations from foreign journals, for which it has been especially notable. His brother editors express the liveliest appreciation of his work and sorrow at his secession.

Saver

WILL

Professor
Nervous
Diseases

R. A. SMITH

Professor of

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Professor
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Morrow's Atlas.—Messrs. William Wood & Co., the well-known medical publishers of New York, announce that they will issue an Atlas of Venereal and Skin Diseases in monthly parts. The plates will be in colors, the entire work being under the personal supervision of Dr. Prince A. Morrow, so long and favorably known as the editor of the *Journal of Cutaneous and Genito-Urinary Diseases*. The work will consist of fifteen parts, each one containing five plates, aggregating at least 300 figures. We have seen some of the plates and they are not only artistic but life-like. The publishers are ready to deliver the first two parts at the price of \$2.00 per part. The connection of Dr. Morrow with the work is a guarantee of its worth.

Books Received.—*Diseases of the Chest*, by James R. Leaming. 8vo. pp. 300. (New York: E. B. Treat). 1887. Price \$2.75; *The Rectum and Anus, their Diseases and Treatment*, by Charles B. Ball, (Philadelphia, Lea Bros. & Co.); *Chemical Analysis of Healthy and Diseased Urine*, by T. C. Van Nuys, M. D., (Philadelphia: P. Blakiston, Son & Co.); *A Practical Treatise on the Medical and Surgical Uses of Electricity, including Localized and General Faradization, Localized and Central Galvanization, Franklinization, Electrolysis and Galvano-Cautery*, by Geo. M. Beard, A. M., M. D., and A. D. Rockwell, A. M., M. D. Sixth edition. Revised by A. D. Rockwell, M. D. 8vo. pp. 758, with nearly 200 illustrations, (New York: Wm. Wood & Co. 1888.)

New Journals.—The *Brooklyn Medical Journal* for January, 1888, has duly made its appearance on our book table with a "please ex" stamped on the corner—and we will only be too glad to comply with the request if every subsequent number be as bright and readable as this initial one. It is intended to serve primarily as the bulletin of the Medical Society of the County of Kings, N. Y., and is edited by a committee appointed by the Society for this purpose and consisting of Drs. Joseph H. Raymond, Alex. Hutchins, Joseph H. Hunt, Glentworth Butler, and Alfred Bailey. It is an octavo, 88 page monthly, and is excellently gotten up in every way. Subscription \$2. per annum. Another new visitor that has made its bow and presented its card since the beginning

of the year is a quarterly, royal octavo in shape, bearing the legend "*International Journal of Surgery and Antiseptics*." It is edited by Dr. Milton Josiah Roberts, which is an assurance that nothing but the best and highest class matter will appear in its pages. The subscription price is one dollar per annum.

Taylor's Atlas.—Messrs. Lea Brothers & Co., the well known Philadelphia publishers, will shortly issue "A Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis and Treatment" by Prof. Robert W. Taylor. The work will be issued in eight parts, aggregating 58 large folio chromo-lithographic plates, containing about 200 figures, many of them life-size. A number of large engravings will be interspersed through the text. We have had an opportunity of examining some specimen plates and can assure our readers that they are faithful delineations of typical cases. A very valuable feature, in connection with the plates, is that various phases of the same disease are shown, thus facilitating the diagnosis to a considerable degree. It is unnecessary to speak of the letter-press as Dr. Taylor is so well known to the profession that his name alone is a sufficient guarantee that its quality is of the highest order of merit. It is the practical aspects of the various diseases that are considered, such things as are most useful and valuable to the general practitioner. The first two numbers will be issued on or about April 1st prox., the price being \$2.50 per part and sold only by subscription. We cannot commend this work too highly to our readers.

Pamphlets and Reprints Received.—An Analysis of Four Hundred and Twenty-two recent, unselected American Laparotomies. Tables reprinted from first Volume *Pittsburgh Medical Review*; Distocia from short or coiled Funis and its treatment, by A. F. A. King, Washington, D. C., (reprint from *Jour. of Amer. Med. Assoc.*, Sept. 24th, '87); Oxygen Enemata, by J. H. Kellogg, M. D., (reprint from *Therapeutic Gazette*, Sept. '87); Notes on New Pharmaceutical Preparations, by Grimault & Co., of Paris; On the Essential Oil of Sandal, its history, preparation and properties, by L. Midy, (E. Fougere & Co.); The Treatment of Intermittent Fever, by Robt. C. Kenner, A. M., M. D., (reprint from *American Prac-*

titioner and News); Conservative Surgery, Divulsion of Cervix Uteri, etc., by Geo. F. Hulbert, M. D., (reprint from *The Weekly Medical Review*); The Galvano-Cautery Sound in the Treatment of Hypertrophy of Prostate, by Robert Newman, M. D., (reprint from *New England Med. Monthly*); Hydriodic Acid, its use in Hay Fever, Rheumatism, Asthma, etc., by R. W. Gardner, M. D.; Annual Report of the Cooper Medical College and of the Morse Dispensary connected therewith (2 pamphlets), from the Cooper Medical College, San Francisco, Cal.; The Meaning of Ethics, by W. L. Sheldon, Lecture delivered at Memorial Hall, St. Louis; Should Physicians be Pharmacists? By Charles L. Mitchell, M. D. (Reprint from the *Phila. Medical Times*).—I. An Address from a special Committee of the College of Physicians of Philadelphia to the Medical Societies of the United States: Concerning the dangers to which the country is exposed by the ineffectual methods of quarantine at its ports, and in regard to the Necessity of National Control of Maritime Quarantine. II. Report of the Committee of the College of Physicians of Philadelphia appointed to investigate the efficiency of our Quarantine Arrangements for the Exclusion of Cholera and other Epidemic Diseases—8vo. pp. 45.—Synopsis of the Second Hundred Cases of Urethral Stricture, treated by Electrolysis, with Cases. By Robert Newman, M. D. (Reprint from *The Journal of the American Medical Association*).—Ueber den inneren Gebrauch des Ichthyols. Von Geheimrath, Ritter Dr. von Nussbaum. (Sonder-Abdruck der *Therapeutischen Monatshefte*, Jan. 1888).—Traumatic Hæmatoma of the Larynx. By J. W. Gleitsmann, M. D.—Hypertrophy of the Tongue with History of Cases. By J. W. Gleitsmann.—Transactions of the American Dermatological Association at the Eleventh Annual Meeting held at Baltimore on the 31st of August and the 1st of September, 1887. Official Report of the Proceedings by the Secretary, G. H. Tilden, M. D.

Prof. Purkinje lately celebrated his one hundredth birthday at Breslau. He is still quite vigorous and promises to live for some time yet.

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Melange.

The Illinois State Medical Society will hold its next annual meeting at Rock Island.

The International Otological Congress will hold its fourth meeting in Brussels, Sept. 10-16, 1888.

The American Rhinological Association will hold its next annual meeting at Cincinnati in September next.

The French Surgical Congress will hold its third annual session in Paris, March 12-17, 1888. The president is Prof. Verneuil.

The Members of the Texas State Medical Association are discussing the *pros* and *cons* of the question of a permanent meeting place for the society.

A Number of Cases of Small-pox have occurred in Brooklyn during the past two months, and the Health Department has been scored in consequence.

The Twentieth Annual Session of the Texas State Medical Association will be held in the city of Galveston, beginning on the fourth Tuesday in April, 1888.

A Woman in Virginia is reported to have induced abortion by the continuous application of ice over the hypogastrium. She kept it there for twelve consecutive hours.

The Number of Physicians in Vienna is 1122, the surgeons being 58 strong;—this according to the official statistics. The number of pharmacists is set down as 64 in the same report.

Faith Cures and Christian Scientists have formed the subject of several papers in a number of medical journals.

Why impostors should receive even so much attention is a puzzle to us.

The Medical Department of the University of Michigan is at present situated at Ann Arbor. There has been some talk of removing it to Detroit in order to obtain better clinical facilities.

Topeka, Kansas, has no public hospital and a movement has been set on foot by the local physicians to have one erected. The outlook is not very favorable so far, but they will no doubt succeed in time.

Hydrophobia does not seem to flourish in California. Some have attributed this to climatic influences, for it has been remarked by Youatt that rabies is found more in northern than in southern latitudes.

A Writer in the Iowa State Medical Reporter thus closes an arraignment of the Iowa State Board of Health: "Faith healers, christian scientists and fools who fatten upon the credulity of greater fools, are in perfect security so far as the law is concerned."

The Medical and Surgical History of the War has been out of print for some years. The value of this work is such that a very large number of physicians are desirous of obtaining it, and Congress persistently refuses to make any appropriation for such a purpose. On the other hand, thousands of dollars are squandered for the publication of public documents which are worse than useless and which are sold as waste paper by unscrupulous parties who make it a business to obtain them in large quantities.

New York is America to most foreigners of high or low degree. The writer recollects of having once been asked by the Secretary of a great German University if Alabama was not in New York. The latest example of this ignorance of our geography comes from Bucharest. One of our exchanges, *Spitalul*, has for years been coming to us addressed to the St. Louis Medical and Surgical Journal, New York, America. Lately our contemporary has been addressed to the Medical and Surgical Journal, St. Louis, New York.

A New Self-registering Thermometer.—Dr. Silveira has recently patented in France a portable self-registering thermometer which embraces some decidedly novel features, some of which are as follows: The thermometer is provided with an automatic chronometric movement which registers on a strip of paper all oscillations within any given period; the temperature at any given moment is thus easily read off. In action it is more rapid than any thermometer hitherto invented, requiring only a few seconds for the attainment of a maximum or minimum. The strip of paper presents, in fact, a record for every second of time embraced in the test, thus automatically giving curves of temperature. The simplicity of the mechanism is said by *Les Nouveaux Remèdes*, from which we take this notice, to be the most remarkable thing about the instrument, except its portability.

Classification (?) of Skin Diseases.—We clip the following choice morsel from the *Kansas City Medical Index* for February, 1888:

“**CLASSIFICATION OF SKIN DISEASES.**—Dr. L. Duncan Bulkley, of New York, divides skin diseases into fourteen special classes, all lesions of the skin belonging to one of eight primary or six secondary classes, to-wit:

Primary.—Macula—spot; Papula—papule; Vesicula—vesicle; Bulla—bleb; Pustula—pustule; Pomphus—wheal; Tuberculum—tubercle; Phyma—tumor.

Secondary.—Squama—a scale; Crusta—a crust; Fissura—a fissure; Excoria ria—excoriation; Ulcus—ulcer; Cicatrix—scar. Having determined to what particular class any case of skin disease may belong it is then an easy matter to make a differential diagnosis. Most general practitioners, however, are usually content to make a classification far more simple than this: All cases of skin trouble are either eczema or not eczema and are treated accordingly.”

We have carefully examined Dr. Bulkley's works and have failed to find the above. Besides, we are certain that Dr. Bulkley is far too sensible a man and too competent a dermatologist to have perpetrated the above atrocity which is fathered upon him. Perhaps the *Index* meant *lesions* instead of *classes*, and even this charitable interpretation would hardly make it pardonable.

A Rough Joke on the Homœopaths.—The *Prager Medizinische Wochenschrift* for Dec. 21, ult., contains the following funny story which it accredits to a Berlin "contemporary." Certain homœopathic physicians having become convinced that their apothecaries were putting up their prescriptions with nothing but sugar of milk and dilute alcohol (leaving out the medicaments altogether) resolved to make a few experiments of a detective nature, and to this end concocted a lot of decoy prescriptions containing Latin words somewhat resembling those of homœopathic medicines. Among these words were *Tuber cinerium* (the gray tubercle at the base of the brain), *Urticaria rubra*, *pemphigus foliaceus*, *Madaroma fraudulentum* (simulated baldness), etc. They affixed their names to these prescriptions and in order to add a greater semblance of earnestness, gave at the same time prescriptions for aconite, pulsatilla, etc. The prescriptions thus loaded for homœopathic pharmaceutical bear, were sent to the 89 pharmacies of which the city of Berlin boasts, and out of the 89 but twelve refused or failed to fall into the trap. Of these latter, the majority stated that they did not keep homœopathic remedies in stock. The seventy-seven sent the "remedies" carefully put up and labelled according to prescription; 58 furnishing *tuber cinerium* to the 5th dilution; 16 sending *urticaria rubra* of the 3rd potency; 3 had *pemphigus foliaceus* of the 3rd; 7 the *madaroma fraudulentum* of the 3rd trituration. Several of the pharmacies without any trouble or hesitation, refilled the prescriptions when they were brought back the second, and even a third time! "Our confrère of Prague," says the *Lyon Médical* (from which we make this translation), "adds that the homœopaths, of Berlin should have experimented a little with the remedies thus furnished, especially the *madaroma fraudulentum*." They might thus have convinced themselves that the pharmacists had builded wiser than they knew, and that the medicaments would have proven quite as efficacious as the genuine remedies of their pharmacopœia. "This reminds us," adds the *Lyon Médical*, "of the homœopathic pharmacist who put up distilled water in place of a certain prescription sent him by a patron. The latter called and raised Cain because the medicine was too strong!" To all of which we can only say *si non e vero e ben trovato*—if it isn't true the story is well and pleasantly invented.

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Local Medical Matters.

Cheek.—This is the only name that we can think of for the habit which certain drug stores of the city have recently adopted, of wrapping up prescriptions in patent medicine advertisements.

The Anatomical Act proved its value during the session of the medical colleges, in this city, which has just ended. There was always an abundance of good material which was promptly delivered by the distributing board. Dr. A. V. L. Brokaw, the Secretary of the Board, has been very active and has performed his duty not only well, but in so impartial a manner as to win the commendation of the Colleges—not an easy thing to do.

A Number of the Members of the St. Louis Medical Society are of the opinion that Saturday night is perhaps the most inconvenient of the whole week for holding meetings. Many are debarred from attending from the fact that on this evening a number of their patients call to liquidate their accounts, and if they are not at home to receive the money they run the risk of having to wait a long time for a settlement. Would it not be a good idea to change the meeting night?

One of the largest and most prominent down-town druggists announces in the daily papers that he is cutting prices on patent medicines because his chief source of revenue is his prescription business. At the meeting of the St. Louis Apothecaries' Association this was explained by Mr. Ude, one of the speakers, as meaning that what was taken off of patent medicines was tacked on to prescriptions. The charge was made in the presence of the cutter and advertiser, and was not successfully gainsaid.

Fatal Curiosity.—The negro coachman of Dr. Bauduy had seen the doctor use the hypodermic syringe on patients

several times for the relief of pain. On Feby. 11th, the doctor being out, and the man left in charge of the office, the curiosity of his race prompted him to try the syringe upon himself, and filling the barrel each time from a solution of morphia, he injected himself thrice with the contents of the syringe. Feeling strangely he walked into the kitchen and informed the cook of what he had done. Aid was summoned but by the time Dr. Bauduy got home the unfortunate negro was beyond human aid and died in the course of a couple of hours after his foolish act.

The Mills of the Gods grind slowly, but sometimes they do catch up with the grist. The infamous firm of advertising quacks who for several years past have advertised in the local papers under the name of "Old doctor Whittier" (who, it is to be hoped has been enjoying himself in sheol for some years past), and flooding the mails with obscene literature, were taken in hand by the United States Court on Thursday, Feby. 23d, and after pleading guilty were heavily fined. In addition to this their entire stock of books was seized and burned, and the proprietors were placed under bonds for future good behavior. As usual, the local daily papers, which make a note of the facts as stated, carry the advertisement of the firm and their iniquitous business in the most prominent place on the page containing the account of the trial and conviction. Were it not for the utter venality of these journals such infamies could not exist.

A Drug Clerk's Fatal Error.—Dr. Prewitt was called in to see a child of Mr. Redmond, living at 805 S. Twenty-Second St., on Feby. 14th, and prescribed some powders which were to be administered in syrup of licorice. The prescription was carried to the drug store of H. Sauermann, Chouteau Ave. and Twenty-Second St., and put up by August Stamm, prescription clerk in his employ. By mistake compound syrup of ipecac (Dover's syrup) was put up instead of the syrup of licorice, and as a consequence the child (an infant of seven months) was speedily narcotized by opium, and beyond human aid. The clerk was arrested, and after the inquest, held under a charge of criminal negligence. The bond was fixed at \$1000, which was given and Stamm released. The clerk is a man of middle age, a cripple, and the head of a family. He has hitherto borne an excellent reputation and has been in the drug business for many years.

THE ST. LOUIS Medical and Surgical Journal.

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Original Contributions.

INJECTIONS OF QUININE IN GONORRHOEA AND CYSTITIS. By
FRANK L. JAMES, Ph. D., M. D., of St. Louis.

Some years ago—ten or twelve, possibly fifteen, Rhadha Nauth Roy, a native surgeon in the British East Indian Service, published in the *Indian Medical Gazette* a communication in the shape of a clinical note on the use of injections of quinine in the early treatment of gonorrhœa. The doctor stated in effect that a Sepoy suffering from gonorrhœa in the acute stage, came to him complaining of the intense and almost unbearable pain caused by micturition, and of a constant and irresistible desire to make water. Having used a solution of quinine to wash out the bladder in cystitis, he was tempted to prescribe the same in this case, and accordingly wrote the following prescription :

R Quininae sulphatis.....grs. xvi.
Acid. Sulphuric.....3j.
Aque Rosæ q. s. ad.....℥viiij.
M. Fiat solutio. Sig. A half ounce to be injected twice daily.

The patient described the effect as “cooling and soothing,” and under the treatment, with copaiba internally, soon got well.

Having at the time, in the midst of a very hot summer, several cases of acute gonorrhœa under treatment, I forthwith concluded to try the remedy, following the Hindoo surgeon's prescription literally. I cannot say that my first results were brilliant by any means. The patient was a steamboat mate, a great, burly native of Erin, and when I gave him the remedy I dilated upon the “cooling and soothing effects” which it would have, and assured him (“banking”

on the statements of Rhadha Nauth Roy) that it would immediately assuage his insane desire to chew spikes and bite kedge anchors, took his \$10 and, luckily for me, he departed up the river rejoicing. I did not see him again for sometime, but I heard from him at the next landing above town. By the hands of a friend of his who came down from that point, I received a message to the effect that when he next came down the river he intended to "take those ten dollars out of my hide and teach me better than to give a decent man liquid hell-fire to stick up his penis." These were not the exact words but in order to avoid the dashes that good breeding requires should be used instead of oaths when printing "cur-sory" messages, I render it in paraphrase.

I was astounded and was quite sure that the druggist had made some error in putting up the prescription. Still having faith in Rhadha Nauth Roy, I prepared an injection according to formula and tried it on myself. I was soon convinced that the mate had had good cause for complaint, since when brought into contact even with the sound urethra (and mine was so at the time) the solution caused intense and prolonged pain. I forthwith determined to abandon the newly found specific injection; but before reverting to the old and well-tried methods, believing that quinine, intimately divided and held in suspension in some vehicle, would answer all purposes, I concluded to try a modification of the remedy. I prepared the following:

R	Quininæ sulphatis	℥ss.
	Morphinæ sulphatis.....	gr. viii.
	Mucilaginis Acac.....	℥iss.
	Aquæ q. s. ad.....	℥viii.

M. Fiat mistura.

A half ounce of this I injected as an experiment into my own urethra, and was pleased to experience the "cooling and soothing sensation" so eloquently absent in the former test. Indeed there was a sensation of positive coldness in the part, and I had no hesitation in giving the balance of the bottle to the next patient who came in requiring that sort of treatment, telling him to inject it frequently during the day—say four or five times.

In this case the disease was in its incipency, and it seemed to have been modified by the very first injection, as it rapidly

disappeared—so rapidly that I afterward had some difficulty in persuading the patient that he actually had had an urethritis. Since that time I have used the remedy many hundred times and while sometimes duplicating my first success, and sometimes failing utterly with it, I can say that in about sixty (60) per cent of all the cases in which it was faithfully used in the earlier stages of the disease, it brought about a rapid and almost painless recovery. Subsequent experience taught me that when used in the latter stages it was rarely of any service.

Every little while since the first appearance of Rhadha Nauth Roy's article, the prescription as originally given by him, or modified to suit the whim of some new inventor of "quinine in gonorrhœa," has bobbed up serenely in the medical journals of Europe and America, each time as a new discovery, and accredited to the reviver. Haberkorn of Wiesbaden was one of the first to resurrect the treatment, along in 1879 or '80. The following was his prescription:

R Quininæ Sulphatis..... gr. xv.
 Glycerinæ... .. ʒvi.
 Aquæ..... ʒiiss.
Eau de Rabel, q. s.

M. Fiat solutio.

"Eau de Rabel" is a mixture of alcohol and sulphuric acid, 3 parts of the former to one of the latter. Remembering my earlier experiences with sulphuric acid as an ingredient of the injection, I never tried Prof. Haberkorn's modification.

We next find Prof. Weiss of Berlin, along in 1882, recommending as an entirely new treatment for gonorrhœa, quinine sulphate in solution in water by the aid of sulphuric acid. It was printed in the *Gazette Hebdomadaire de Médecine*, with some highly commendatory remarks by M. Delorme, who declared that he had had "remarkable results" with the "new remedy." M. Delorme was a French military surgeon and, according to his communication above referred to, it was his habit "to have regular *séances d'injection* thrice daily, at which all soldiers under treatment for gonorrhœa were present, and were injected by the surgeon in person or by an assistant. All that I can say is that if the urethras of French soldiers are like those of other mortals, the wildest and most vigorous capers ever cut at a spiritualistic séance, or

a séance of howling and whirling dervishes, would sink into insignificance compared to the gyrations of these unfortunates.

The latest avatar of this "original treatment" is in the clinic of M. Ledetsch. The editor of our esteemed cotemporary the *Indiana Medical Journal*, in the January number of his excellent journal, states that he had for some time past been using Ledetsch's formula, combined with the hot water treatment and had had entirely satisfactory results. As Ledetsch's formula is not before me, I do not know whether it involves the solution of the quinine with sulphuric acid or not.

Finding some years ago that if the patient is placed in a proper position, water or other fluid allowed to flow from a sufficient height will, by simple force of gravity, when conducted into the urethra gradually find its way into the bladder and fill the latter organ, I concluded to try the treatment of cystitis by this method, using quinine held in suspension in warm water sufficiently mucilaginous to prevent the rapid separation and subsidence of the medicament. The injecting apparatus consists of a bag or gravity syringe, provided with six or seven feet of rubber tubing terminating in an urethral nozzle two or three inches long and of a proper diameter (about that of a number six catheter). A pinch cock is placed at a convenient point on the tubing, thus permitting the patient to regulate the flow of the fluid.

In use, the bag, charged with the mixture, is hung up against the wall some four or five feet above the head of the patient. The latter is directed to squat on his heels, with his back against the wall, and allowing the knees to fall as widely apart as possible. The nozzle is then inserted into the urethra and firmly held there, while the pinch cock is opened and the fluid allowed to gently flow into and fill the urethra. It gradually finds its way into the bladder and should be retained until the desire to empty the organ can no longer be withstood. The nozzle is then removed and the bladder will quickly empty itself in the ordinary manner. The following is the formula usually used by me for this purpose:

R	Quininæ Sulphatis.....	3i.
	Mucilaginis.....	℥iv.
M.	Aquæ tepidæ q. s. ad	℥ij.

For mucilage of gum-arabic I usually substitute slippery elm water, freshly made. The same is given as a drink, internally. Where there is much pain or tenesmus sulphate of morphine or hydrochlorate of cocaine is sometimes added to the injection. In acute cystitis the following is given internally:

℞ Acid. benzoic.

Lupulinæ, ana.....℥iss.

Mix and divide into sixteen capsules. Sig. Two (2) capsules every four hours.

The results of this treatment both in acute and chronic cystitis, in old gleet and even in prostatic troubles have been very gratifying.

In the treatment of acute blenorrhœas with the quinine mixture, I usually advise the patient to inject a half syringe-ful before urinating and if there be much ardor urinæ to immerse the parts in water as hot as he can bear it; to urinate in the hot water, and after urination again to inject the quinine mixture.

For chordee I find nothing to equal *veratrum viride*, twenty minims of the tincture to be taken on retiring.

AN UNUSUAL CASE OF HERNIA OCCURRING IN AN ANÆSTHETIC LEPER. BY BEAVEN RAKE, M. D., Lond., Medical Superintendent of the Trinidad Leper Asylum.

Jonas L., African negro, aged about 50, was admitted to the Trinidad Leper Asylum on February 10, 1884, with anæsthetic leprosy of ten years' standing.

Beyond occasional constipation and ordinary leprosy ulceration and swelling of extremities, there was no note of importance till July 15, 1887, when he was attacked with diarrhœa. This continued in spite of treatment; he passed blood from the bowels, the tongue became furred and he gradually sank, and died on July 26. There had been no complaint of hernia and no symptom to indicate it, the case being regarded as one of dysentery.

The necropsy was made six hours after death. The body was fairly nourished. There was characteristic deformity of fingers and toes, of long standing. A large swelling was found on the left side of the scrotum; on incising this, some dirty, sanious fluid escaped from the tunica vaginalis.

On opening the abdomen the lower coils of small intestine were seen to be congested, and the whole extent of the large intestine was very dark purple. There were one or two flakes of lymph on the peritoneum. Some coils of small intestine were pulled out of the left tunica vaginalis without any difficulty, the inguinal canal and rings being very large. There was no ulceration nor adhesion. The part of the intestine which formed the hernia was not far above the ileo-cæcal valve. The appendix was normal.

On slitting up the small intestine it was found to be congested for about the extent of the ileum, the congestion deepening towards the valve. Mucous membrane of the large intestine was ulcerated and large clots of blood stood out on its surface. There was no perforation but the bowel tore easily.

The stomach had lines of congestion on its length. There were a few pleuritic adhesions. The other viscera were healthy.

The median nerves were somewhat thickened above the wrists, and magenta showed generally diffused bacilli. None were found in the viscera.

I cannot but regret that this hernia was not seen during life, though whether reduction would have done any good is quite an open question.

The main points of interest are :

- 1°. The absence of vomiting.
- 2°. The constant diarrhœa and passage of blood instead of complete obstruction.
- 3°. The absence of any mention of hernia on the patient's part.
- 4°. The extreme congestion of the large intestine instead of the small.

The chief questions to be asked are :

- 1°. Was there an old dysentery which was lighted up by the straining consequent in the hernia, or did the hernia become strangulated as a result of the dysenteric tenesmus? In a word, was the hernia a cause or an effect?

2°. Was the patient the subject of hernia and dysentery side by side? He had never complained of hernia, but from the size of the canal, he would appear to have had a chronic hernia for some time. There was no previous history of dysentery on the bed-card.

3°. Had the leprosy anything to do with the absence of usual symptoms? Was there paralysis of the bowel, owing to leprosy invasion of the plexuses of Auerbach and Meissner? He had been a leper thirteen years and was very anæsthetic.

Since making these notes I have met with an allusion to a precisely similar condition. Mr. Pepper, lecturing on practical legal medicine (*Lancet*, Nov. 5, 1887, p. 904), refers to cases of "partial strangulation of large hernia in old people with little vital power." He quotes the case of an old man in whom almost a foot and a half of small intestine was easily reduced by taxis during life. The man, however, died eight hours later from exhaustion, and the inspection showed only moderate congestion of the bowel.

Mr. Pepper quotes this as an instance of the necessity of examining all known hernial sites, when the abdominal symptoms, however slight, are in any way doubtful. To this I would add that *a fortiori* one ought to do so in an anæsthetic leper, as my case only too clearly shows.

The Emergency Hospital and Dispensary has been opened in Detroit and is said to be well equipped for the special duties it is expected to fulfill.

The Association of American Medical Editors will hold its next annual meeting at Cincinnati on the Monday evening preceding the meeting of the American Medical Association, at 8 P. M. The "press dinner" will take place on another evening.

Some of our Exchanges are still filling up with reports from the 9th International Medical Congress. Such reading may be very filling, but hardly very satisfactory literary pabulum at this late day—especially when the journals in question give so little else, by way of condiment.

[April,

Clinical Reports from Private Practice.

1. PSEUDO-ELEPHANTIASIS, THE RESULT OF A BITE OF A DOG (?); AMPUTATION AND RECOVERY.
2. SYPHILITIC LARYNGITIS THREATENING SUFFOCATION; GENERAL TERTIARY MANIFESTATIONS; TRACHEOTOMY; RECOVERY.

By WALDO BRIGGS, M. D., Professor of Genito-Urinary and Clinical Surgery, Beaumont Hospital Medical College, Consulting Surgeon to the City Hospital, Female Hospital, etc., of St. Louis.

1. Pseudo Elephantiasis of left Foot and leg, said to have resulted from the Bite of a Dog, but probably of Syphilitic Origin.

M. X.—Female, American, white, about 40 years old. The patient first consulted me about one year ago, at which time she gave the following history: Five years previously she was bitten by a dog, the bite being quite severe, and making a lacerated wound immediately over the right tibial (external) malleolus. The wound was intractable from the first, healing slowly and after healing, abscesses formed and the wound opened afresh. This was repeated several times, each time the cicatricial tissues became thicker and more dense. Examination of the diseased member showed the ankle, heel and a large portion of the foot to be covered with thickened, corrugated masses which extended to and even covered the toes, and presented all the external appearances of *Elephantiasis Arabum*. The patient, in answer to my questions, denied any family history of similar character, cancerous, tuberculous, etc., and obstinately maintained the absence of syphilitic taint. I counseled amputation and after some hesitation the patient agreed to it. In the meantime, she had visited and consulted other surgeons, some reputable and others

quite the reverse, and finally, upon the promise of one of the latter sort, a well-known advertising quack, she refused to be operated upon and put herself under his care.

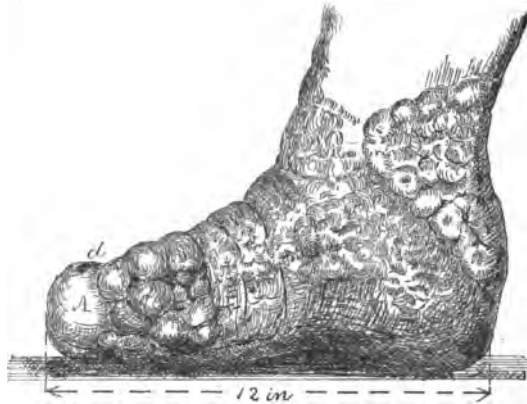


Fig. 25. Side View of Affected Foot.

About February 1, she again came to my clinic. The diseased portion had in the meantime extended its area very considerably, and at the time of her visit had crept up the leg to and above the knee joint. The foot had also increased very considerably in size, notably in length, the growth having entirely covered and hidden the toes with round or oval masses, varying in size from half an inch to one inch in diameter. One large mass, very well shown at A, in Figs. 25 and

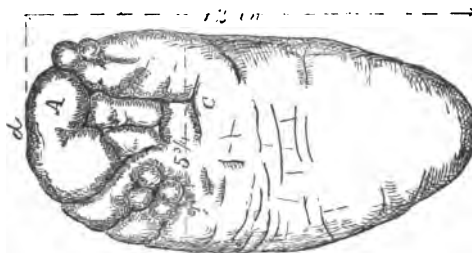


Fig. 26. Plantar View of Affected Foot.

26, was over two inches in diameter, pyriform, and over five inches in length, extending as shown, on the plantar surface, to c. These masses resembled nothing so much as clusters of

small, ripe tomatoes. This was especially the case with the largest, which having broken down and ulcerated at a point near *d*, Fig. 25, looked exactly like an over-ripe fruit of the species named. The disease, in ascending the leg, abandoned the spherical form of excrescence and the surface consisted of a mass of rugosities similar to those shown on the ankle in figure 25. On the internal side of the knee (not shown



Fig. 27. Side View of Unaffected Foot.

in the figures) there was quite a mass of cicatricial tissue. The left foot was unaffected, but a drawing made to scale is given



Fig. 28. Left Leg Showing Scar.

for the sake of comparison. On the left calf, external side, there was a large scar, well shown in Fig. 28, four inches

long and about three inches wide. The central portion of this scar was purplish in color, and the edges were raised and brown. Its appearance, as indeed the appearance of all other scars on the limbs, as extremely suggestive of syphilitic origin, the emphatic and solemn declarations of the patient to the contrary, notwithstanding; so much so, in fact, that I am convinced that syphilis and not "dog-bite" was the origin of the condition in which we now found her. In this opinion I am confirmed by Dr. A. H. Ohmann-Dumesnil, who gave the case a most careful examination and who was present at the subsequent operation.

The patient was sent to the Female Hospital and I made arrangements for an operation so soon as the general condition of the patient would admit of it. On Wednesday, February 25, in the presence of and assisted by Dr. W. Dorsett, the Superintendent of the Hospital, and Drs. A. C. Robinson, A. H. Ohmann-Dumesnil and Frank L. James, I proceeded to amputate the diseased limb. The following were the measurements of the limb, as made by Drs. James and Ohmann-Dumesnil just prior to operation, the corresponding measurements of the healthy limb being given for the sake of comparison:

AFFECTED LIMB.	NORMAL LIMB.	
Length of foot.....	12 inches.	9.4 inches.
Around ankle.....	12.5 "	9 "
Around heel and instep.....	18.5 "	12.5 "
Over instep.....	16.5 "	9.5 "
Around toes.....	14.5 "	9 "
Around calf.....	13.5 "	13 "
Around knee.....	15.5 "	13.5 "

The amputation was made above the knee, antero-posterior flap, and with the use of the Esmarch band.

Desiring to assure ourselves in regard to the presence or absence of filaria, and thereby insure the diagnosis as to true or false elephantiasis, Dr. Frank L. James had provided the necessary apparatus and examined the blood microscopically during the operation. None of the parasites were found, after a thorough and patient search.

The patient rallied rapidly after the operation and at present writing is fast getting well, the stump healing cleanly and without complication of any sort.

Portions of the diseased tissues, skin, glands, bone, etc., were taken by Drs. James and Ohmann-Dumesnil for subsequent and thorough microscopical study, and the result will be given in this JOURNAL in a subsequent issue, until which time I reserve further remarks upon the case. The illustrations presented herewith are from drawings made from nature by Dr. James, and are engraved by him to scale, thus giving an accurate representation of the condition of the foot and limb.

2. Syphilitic Laryngitis. Mr. H—., aged 26, white, American. Patient's history of this case was as follows: Had syphilis, the initial lesion occurring several years previously, while the patient was remote from medical assistance and had become terribly diseased before he could consult a physician. Received medical assistance first after the disease had manifested tertiary symptoms. After treatment in other cities, with some benefit, he had finally come hither in order to consult specialists. He had been under a number of reputable practitioners, by one of whom he was sent to Hot Springs, Ark. Here he improved somewhat, but in January last his stomach began to grow irritable and to reject medicines. The condition grew worse rapidly and alarming symptoms began to appear. Bullæ appeared over the body and limbs and syphilitic abscesses followed. He left the Springs, by advice, and came to this city, and shortly after his arrival consulted me. He complained more especially, when I first saw him, of a difficulty in swallowing and in breathing, and the gastric irritability had grown so great that he could retain nothing for more than a few minutes after ingesting it—even water failed to stay on his stomach.

The laryngoscope revealed a number of distinct ulcers involving the left tonsil and thence down to the right vocal chord, also involving the latter. As a result of the pain in deglutition, the gastric irritability and loss of sleep, the patient was very much emaciated and almost completely exhausted. Hypodermic medication was the only resource for the moment, and this was confined to hypnotics and sedatives. The night after my first visit I was called, with great urgency, to come to the hotel where the patient was stopping, and on going thither found him in a most alarming condition, in fact nearly suffocated. The laryngeal inflammation had increased

since my visit, until the air passages were almost entirely closed. The patient was livid, and apparently in a moribund condition.

I made immediate tracheotomy with the happiest results, not the least gratifying of which was that the nausea and vomiting which had hitherto followed every attempt at ingestion ceased immediately. On visiting the patient several hours later, during the ensuing forenoon, I found him able to swallow and retain any form of liquid food, and iodide of potassium which had hitherto been rejected almost as soon as ingested, now was retained without difficulty.

The succeeding history of the case is all that could be asked. The patient began to mend and to gain flesh almost from the moment when tracheotomy was performed. The disease seems to be yielding readily to specific treatment and at writing (March 16) the patient has gained twenty pounds in weight, the laryngeal ulcerations have disappeared, and in short, he is in a more favorable condition than he has been in several years previously. The main point of value in this history is the remarkable and rapid amelioration following tracheotomy.

FRAGMENT OF GUN BARREL IN FOREARM ELEVEN MONTHS.—
REMOVAL. BY H. JACOBSON, M. D., of St. Louis.

On Feb. 12, 1888, James Lord, colored, 24 years of age, whose general health has always been good, called for treatment of an injury, the history being as follows: While firing off a gun on March 3, 1887, he was struck on the right forearm by a portion of the barrel, which had burst. The fragment entered the forearm on its inferior aspect, near the elbow joint, penetrating the soft parts to the depth of three inches. The patient had no medical treatment at the time of the accident, and in a short time febrile symptoms set in. This condition lasted about three weeks and, during this time, a physician treated the case, but did not undertake any operative measures. The patient recovered and the wound was entirely closed with the exception of a small sinus, through which pus was discharged from time to time. When he pre-

sented himself to me for examination, at the City Dispensary, Feb. 12, I found a part of the fragment protruding from the opening of the sinus. Pressure caused pus to exude.

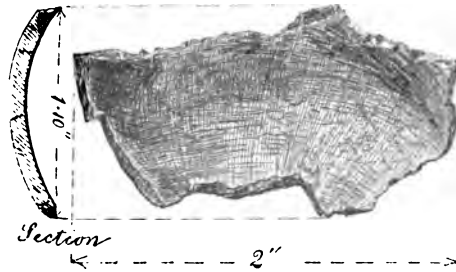


Fig. 29. Fragment of Gun Barrel, actual size. •

As the opening was small, it was enlarged by a free incision, sufficiently to enable the removal of the piece of gun-barrel, whose shape and size is shown in Fig. 29. Under the use of antiseptic dressings a rapid and complete recovery followed. The case is interesting chiefly on account of the great tolerance exhibited by the tissues, as the fragment was not only large and heavy, but rough and jagged.

Missouri State Medical Association.—The Thirty-first Annual Meeting of the Medical Association of the State of Missouri, will be held at Music Hall, No. 913 Broadway, Kansas City, April 17, 18, and 19, prox. The Committee of Arrangements has made all necessary preparations and a good meeting is anticipated. The officers for 1887-8 are as follows: President—Dr. Frank J. Lutz, St. Louis; Vice-Presidents—Dr. T. C. Boulware, Butler; Dr. T. B. Jackson, Kansas City; Dr. J. R. Hall, Marshall; Dr. W. B. Adams, Montgomery City and Dr. J. W. Heddens, St. Joseph; Recording Secretaries—Dr. J. C. Mulhall, St. Louis and Dr. J. H. Duncan, Kansas City; Corresponding Secretary—Dr. W. E. Evans, Booneville; Treasurer—Dr. C. A. Thompson, Jefferson City.

Correspondence.

A CRITIQUE OF A CASE OF DEATH FROM AMPUTATION AT THE KNEE-JOINT, ETC., which was reported to the St. Louis Medical Society.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

At a recent meeting of the St. Louis Medical Society, one of its members reported a case of amputation at the knee-joint for a chronic suppurating disease of the component parts of that joint. The patient succumbed soon after the operation was performed, and the reporter regretted that the operation had not been performed long before, expressing the belief, at the same time, that had this been done the man's life might have been saved. It was developed later, however, that the leg was cut off while the patient was suffering with an attack of erysipelas. There was not any time allotted to the discussion of the report of the case, and, hence, the latter was permitted to drift into the past without criticism.

I was inclined to the belief that it was the erysipelococcus which carried off the patient, and not the surgical procedure in itself, and that if any mistake was made it was in operating while the patient was prostrate from the effects of the disease. It is a matter of fact, that the amputation of a limb in a case even greatly reduced by long suppuration, where there are no such devitalizing pathogenies present as in this case, does not entail the same degree of shock nor terminate fatally so frequently as in cases suddenly stricken down by some severe injury, as in railroad accidents. I recollect a case of extreme emaciation in a mulatto girl about fourteen years old. The suppuration was from several sinuses leading down into the tarsal bones of the right foot. These bones were greatly swollen and soft, and this condition had existed for several months before I saw her. She was so completely exhausted that her body was quite bereft of sensation. The suppuration had drained all the fat and muscle away and she

was in a most pitiable condition. She could neither cry nor talk, and her heart's action was so weak as to render it impossible to perceive the pulsation at the wrists. It was determined to remove her foot, and the operation was performed without an anæsthetic, and, indeed, it did not appear to be necessary to administer such, as there was scarcely any pain; and after cutting the foot away there was no bleeding except from the medullary canal of the tibia, but there was no bleeding artery to ligate. The stump was quickly sealed, and the patient's limbs and body were swaddled in cotton batting. She was permitted to remain in this dressing for several days, and only as the cotton about the anus and thighs became soiled it was replaced with new batting. The patient regained strength slowly at first, but in a few months was quite strong. As she, at the end of about a year, attempted to assume the erect position, it was found that there was not any motion in the right hip joint. During the convalescence, it may be remembered, and for some months previous to the amputation, the patient's favorite position was lying upon the right side with the left knee in the popliteal space of the left leg. In this position the right hip became ankylosed. The patient was now in good health, stout and fat, but could drag herself about the house only with great difficulty. The right thigh, remember, being fixed in a position of flexive rotation, and extreme adduction, of course, urine could only be voided over her limbs. Mr. Adam's operation of subcutaneous division of thigh bone was resorted to at this time, and the limb brought back nearer to its normal condition to the body when lying supinely. At intervals she was chloroformed, and motion at the division of the bone kept up. Some time later, she had an artificial foot made, and has ever since made a living, and a very comfortable one too, by traveling from place to place selling some patent apparel for ladies' uses. Another case, and one of suppurating disease of the knee-joint, was that of a man 62 years old. The late Dr. Hodgen saw this patient with me and advised that there be no surgical interference; that owing to the dangerous emaciation and weakness the man could hardly survive an amputation of the thigh; the patient being left with this opinion impressed upon his mind. Upon calling the following day, he remarked that if he was thus doomed to what he could

only construe as inevitable death, and that there was no hope save the even extremely doubtful one of cutting his leg off, he had concluded to risk the amputation and, requested the same to be proceeded with at once. The patient's wife also expressed the wish that her husband's request be granted, and I was clearly impressed with the belief, upon listening to the results of their deliberations, that they had fully determined to meet the consequences of the operation, which was performed accordingly. Contrary to the most astute and experienced view and all expectations of Dr. H., the patient's condition commenced to improve immediately after the dressing of the stump. This man is now 72 years old and enjoying good health. I might cite other cases of a similar nature, but it can be presumed that these two—representing nearly the extremes of life—will afford a sufficient illustration of the point attempted to be demonstrated, namely, with reference to the results of operating in cases where vitality has become almost exhausted and the patient almost at death's door, in consequence of chronic suppurations. As intimated above, it is believed that the abrupt termination of the man's life in the case reported to the Medical Society, was really the result of other causes, and that extreme emaciation and debility, resulting from suppurating wounds in the extremities are conditions which do not in all cases render the operation for the removal of these offending members necessarily unadvisable, but on the contrary would indicate an appropriate period for resorting to heroic treatment, such as amputation, as an "*ultima ratio*" for saving the patient's life.

G. W. BROOME, M. D.

422 Walnut street, St. Louis.

The Transactions of the Ninth International Medical Congress are said to be nearing completion and promises have been made that the first few volumes will be delivered soon.

The New York State Medical Society elected the following officers to serve for the ensuing year:

President—Dr. S. B. Ward of Albany; Vice-President—Dr. A. W. Sutor, of Herkimer; Treasurer—Dr. C. H. Porter, of Albany; Secretary—Dr. Wm. Manlius Smith, of Syracuse.

[April,

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All communications should be addressed to Box 626, St. Louis.

CRIME VS. DISEASE.

From time immemorial almost, criminals have been punished for their acts. That the punishment inflicted has accomplished its end a great many are ready to deny. There are some writers to-day who advance the idea that crime is the direct result of disease in the individual, either acquired or inherited, and that the true method of suppressing crime lies, not with the methods of law, but rather within the domain of medicine. The criminal is being studied and the motives prompting him to commit unlawful acts are being examined from a psycho-pathological standpoint.

There exists a class of unfortunates, on the other hand, who have been treated as criminals for years past, and their only crime is that they have been unfortunate. This comprises hospital venereal patients. They are placed under restraint in many institutions; they are assigned the worst quarters; they are treated as Ishmaelites; and, in every way, are made to feel that they are without the ordinary rights which should be accorded to sick and suffering humanity. Especially is this the case in European armies and hospitals. The recent revolts in different venereal hospitals on the con-

tinient and the investigations which followed are confirmatory proof of this.

It looks almost like a satire upon humanity that, in our century, the criminal should be made a diseased individual and the diseased individual a criminal. Let the criminal be regarded as a diseased human being, but let the venereal individual be looked upon as human, and as an unfortunate deserving our commiseration, like others who are troubled with equally grave diseases. This class of unfortunates should be dealt with in a manner which will make them appreciate to the fullest extent the misery they have entailed upon themselves and may bring upon others; and, there is no doubt, that if the fear of disgrace, harsh treatment, and inadequate attention is banished from their minds, they will apply early for treatment, listen to proper advice given in a proper spirit and will become better and more healthy individuals in the end. Beside this, the opportunities for propagating venereal diseases will be considerably reduced and, in consequence, a marked falling off in the number of those so afflicted will be noted.

MEDICAL JOURNALISTIC PARASITES.

There exist in New York and Philadelphia a number of medical periodicals, weekly, monthly and quarterly, which under various appropriate and inappropriate names, exist entirely at the expense of the regular medical journalists of the world. They contain no matter original with themselves, but consist entirely of cullings from the pages of those journals which are at the expense and trouble of procuring the freshest and best of current medical thought. They obtain these journals as "exchanges," not even paying the postage upon them. One would, naturally enough, think that under these circumstances, the very least that these journalistic parasites could do, would be to give in all instances due and proper credit for the matter which they thus appropriate. But that they do not even do this is well exemplified in the March number of the *American Medical Digest*, which is, one of the class alluded to. On page 37 of this publication we find an article from our pages, accredited to the *Medical and Surgical Reporter*—an error, however, which might easily be

ascribed to a slip of the pen, were it not for the fact that a few pages further on we find three columns of matter taken from us with no credit whatever. This is a combination of circumstances which shows but too plainly the animus of the perpetrator.

As these journals are of no earthly use to the regular medical journals as a source of information—since there is no need to take at second hand what we get earlier and fuller at first hand from the exchanges themselves; and as they go to the medical profession as the rivals of the journals upon which they live and thrive, and which they are able to underbid since they are at no expense save for scissors and paste pot, we can see no good reason for the medical journals of this country longer putting up with the tax thus placed upon them.

In sending them our journals as exchanges we are simply presenting them with clubs with which to maltreat us. They must have the journals in order to live, and the least that they should be made to do is to pay the regular subscription price therefor.

We make these suggestions for the benefit of our collaborators in medical journalism, and shall present the matter in its proper light before the Association of American Medical Editors at the next meeting in Cincinnati.

IN RE HYPODERMATIC.

In reading a copy of Bartholow's *Materia Medica and Therapeutics*, Sixth Edition, we found the following passage on page 15: "The term *hypodermatic* is used in conformity with the nomenclature already existing—as 'epidermic,' 'endermic,' etc.—but the termination of the word is now altered in deference to the opinions of the best philologists. The term *hypodermic*, which has been universally adopted, is known to be formed on wrong principles, and hence, in accordance with the rules of construction, the word *hypodermatic* is substituted." This author uses the words "enepidermatic," "epidermatic," and "endermatic" in preference to those almost universally employed by writers on medical subjects.

We merely allude to this because we have noticed a tendency on the part of some writers to adopt this changed term,

not that they may be better understood; not because it adds to the elegance of their diction; but simply to create an impression that they are possibly philologically superior to some of their less favored brethren.

On the other hand, we find these very writers falling into the same error as Dr. Bartholow, who on page 126 of the same work, for instance, speaks of "progressive locomotor ataxia," than which a worse hybrid was never coined. Why endeavor to replace an universally employed term by one more cumbersome for the sake of philological accuracy, in one instance, and refuse to employ a simple substitute in another, when the same reason would justify it? Why urge "hypodermatic" instead of "hypodermic;" and refuse "tabes dorsalis" for "progressive locomotor ataxia"?

We are and always shall be in favor of accuracy in terminology. But to insure this end, we must, first of all, eliminate the most glaring faults. Having accomplished this we can next proceed to reconstruct those in which there is more of a distinction than of a difference to be established.

THE AMERICAN MEDICAL ASSOCIATION.

The coming meeting of the American Medical Association at Cincinnati promises to be one of the most successful ones in the history of that body. The indications, at present, are that there will be quite a large attendance. Besides this, much of the bad feeling, which was engendered by the International Congress affair, has subsided and many who have held aloof for the past two years will once more participate in the proceedings. A large number of papers has been promised and there seems to exist a feeling of close fellowship and a desire of seeing each other among the members who have met in past years. The profession and citizens of Cincinnati have been quite active in the preparations for this meeting, and intend "doing themselves proud" in the thoroughness and liberality of everything that may conduce to the comfort and enjoyment of their visitors. The hall, in which the general sessions will be held, can easily accommodate 4,000 persons; and, in addition, there are under the same roof, ten rooms in which sections can hold their meetings. Taken, all in all, it may be safely predicted that the forthcoming meeting will be a pronounced success.

[April,

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, PH. D., M. D., of St. Louis.

Stain for Trichina.—The *Bulletin de la Société Belge de Microscopie* says that methyl green dissolved in thirty times its weight of distilled water is the best stain for trichina spiralis yet discovered. It becomes fixed in the cysts of trichina with far greater tenacity than in the muscular tissues, and hence by overstaining and bleaching an excellent specimen can always be made.

“It depends on how they are taught,” was the remark of a student to another a few nights ago in answer to the complaint that microscopy and botany were dull and uninteresting studies. The remark was a true one and applies to the study of every department of the natural sciences. Some men drone along, perfunctorily describing processes or facts, and never lighten up their discourses by a pleasant remark or by an effort to arouse the love of nature that is implanted in every human bosom and becomes dormant only through neglect. It never dies, but like the dead sea rose, however wrinkled, dried and shrunken it may be, requires but a bath of pure water to open and unfold itself into new life. The remark of the student was reinforced in my mind by a letter just received from Dr. D. S. Kellicott, dean of the Buffalo College of Pharmacy, and well known to our readers as the late secretary and present president of the American Society of Microscopists. Prof. Kellicott says, “I enjoy my teaching and my boys do not find botany and microscopy dry or unentertaining. Next week we take to the woods and streams, to become acquainted with the medicinal flora of this district, and shall make weekly forays for the balance of the season.” We only

wish that we could be along. One thing is certain, "the boys" will not find *themselves* dry if they follow Professor Kellicott in his dredging excursions, in search of the rotifers, sponges and other microscopic denizens of the Niagara River. The water there is very wet, indeed.

Cyst Worms in West Virginia Rabbits.—Dr. W. H. Trask, of Headsville, W. Virginia, sent some of the muscles of a rabbit killed in his neighborhood, to the editor of the *Medical Brief* of this city for examination for trichinæ, with which the meat was apparently crowded. An examination made by the writer hereof, at the request of the *Brief*, revealed the fact that the cysts which existed in great numbers, were not those of *trichina spiralis*, but of a cestode, *ecchinococcus* and probably identical with those which infest the jack-rabbits of Texas, and are the cause of the disease known as *lumbrix* in Texas sheep. The matter becomes a serious one, in this light, as Dr. Detmers of the Columbus, O., Veterinary School has shown that the jack-rabbits, aided by the dogs, wolves and coyotes, which eat them, are no doubt one of the prime agents in the propagation and spread of the destructive ovine disease already mentioned. The predatory animals eat the rabbits, the cyst worms pass into their stomachs, develop tape-worms, the ripe segments of which are deposited in their excrement on the grass. The segments are decomposed and the eggs are set free on the grass to be in turn swallowed by rabbits and sheep and thus complete the cycle. "To avoid repetitions," says Dr. Detmers (who is an old and intimate friend of mine, and in whose statements I place the most implicit credit), "I will here state that wherever I found cyst worms in the rabbits I also found them in the sheep, and *vice versa*."

Pergen's Picrocarmine.—Some time ago a correspondent asked me for the method of preparing Pergen's picrocarmine, and the answer has been delayed by not having the process at hand. The following formula is contributed by Carnoy to the *Bulletin de la Société Belge de Microscopie*: Boil 10 parts of pulverized cochineal in 300 parts of water for two and a half hours; add 5 parts nitrate of potassium and after boiling for a moment add 6 parts oxalate of potassium. Boil

for 15 minutes, remove and let cool, and stand in a quiet place until the carmine separates and sinks to the bottom. Decant the supernatant fluid and replace with distilled water and agitate thoroughly again, allowing the carmine to settle by standing. The operation of decanting and washing should be repeated every few days for three or four weeks, or until the wash water comes away limpid and entirely neutral. After the last washing pour over the carmine thus recovered a mixture of four parts of water and one of strong ammonia water. Agitate until the carmine no longer dissolves. If there be much undissolved residue add cautiously a drop of ammonia, but taking care that there remains a small residue of undissolved carmine. Let stand for forty-eight hours and filter, leaving the filtrate open to the atmosphere until a precipitate begins to fall. Filter again and add a saturated aqueous solution of picric acid sufficient to amount to five or six parts of the acid to each part of the carmine in solution, as nearly as can be estimated. Allow to stand twenty-four hours, filter, and add a half grain of chloral hydrate for each ounce of the fluid. At the end of a week, filter and preserve in glass stoppered vials. It is said that this solution will keep almost indefinitely.

The Association of American Physicians will hold its third annual meeting in Washington, D. C., September 18, 19 and 20.

Dr. P. G. Unna, of Hamburg, announces that commencing on April 1, he will give a half yearly course of instruction in Histology, Bacteriology, and in the Diagnosis and Treatment of Skin Diseases. From our personal knowledge of Dr. Unna and of his well-attended clinics, we are sure that the same will be not only instructive but valuable.

Members of the American Medical Association intending to read papers at the coming meeting should notify **Dr. W. Dawson**, of Cincinnati, Ohio, Chairman of the Committee of Arrangements of the Association, at least one month before the meeting, giving the title and length of such paper, the latter not to exceed 20 minutes in reading.

Department of Dermatology and Genito-Urinary Diseases.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

To Abort a Styte—Jorissen recommends lightly rubbing on the following :

℞ Hydrarg. Oxidi rubri..... 1 part.
Lanolini puriss.....10 parts.

M.

In case the eyelid is delicate or irritable, a smaller amount of red precipitate may be used.

Roughness of the Skin is a very annoying condition at times. A good plan of treatment is to wash the affected part in water to which a small quantity of borax has been added and then make an application of the following.

℞ Lanolini puriss.
Ung. Aquæ Rosæ āā.....℥i.

M.

Ichthyosis.—The following treatment is given in the *Progrès Médical* :

1°. An alkaline bath is taken every other day;

2°. The following is applied to the skin :

℞ Glyceramili.....20 parts.
Acid. tartarici..... 1 part.

M.

3°. When the disease is apparently cured the softness and suppleness of the skin is to be maintained by daily applications of the following :

℞ Glycerini neutral..... 1 part.
Aq. Destillat..... 9 parts.

M.

Zinc Glue.—This is a preparation which is frequently employed, in the treatment of skin diseases, either alone or as a vehicle for other medicaments. It is quite protective in its character. It is made thus (R. B. Morison, *Maryland Medical Journal*):

R	Gelatine.....	3v.
	Aquæ,	
	Glycerini.....	ss 3ii.
	Zinci Oxidi.....	3ii.

The gelatin is placed in the water and glycerin in a porcelain cup over a hot water bath, and melted. The zinc oxide is then added and the mass allowed to cool. When required for use it is melted by placing the jar containing it in hot water.

Psoriasis in the Child.—At a late meeting of the New York Dermatological Society (*Journal of Cutaneous and Genito-Urinary Diseases*) Dr. Sherwell presented a case of psoriasis in a child aged six and a quarter years. At least one third of the skin was affected, an extent of eruption which is unusual in one so young. Dr. Taylor had seen the disease in a child of three and Dr. Elliot published a case in the *Medical Record* in 1886, in which the disease began at the age of thirteen months, the lesions being not only numerous, but even present upon the palms and soles.

Leprosy affecting the Eyes.—Dr. Chas. W. Kollock describes a case of this character which he had an opportunity of observing (*Medical News*). The patient had had lepra tuberosa et anæsthetica for six years. There were photophobia, lachrymation, narrowing of the palpebral fissures, thickening of the lids, ocular and palpebral conjunctivites, and keratitis. The corneæ were hazy and covered with facets, and near the centre of each was a whitish spot about three mm. in diameter. All treatment seemed futile. The galvano-cautery alone seemed to arrest the growth of the spots on the corneæ. Apropos of this subject M. Poncet has studied the ocular lesions in tubercular leprosy and lately communicated his results to the Académie de Médecine (*Gazette des Hôpitaux*). In the lids the bacilli pass through the epidermis and proceed to go farther and destroy the muscle, forming granular masses in the

connective tissue. The cornea is invaded at its periphery and the bacilli penetrate its substance, following the cleavage. The leprous cells form true parasitic abscesses. Later on the the iris, ciliary processes, the canal of Petit are all invaded. M. Poncet regards the process as taking place at the periphery, thence towards the interior.

Injections of Yellow Oxide of Mercury in Syphilis.—O. Rosenthal, of Berlin, has made experiments with this mercurial (*Vierteljahresschrift fuer Dermatologie und Syphilis*) and has come to the conclusion that, next to inunctions, it is the best and safest method in the treatment of syphilis. He uses the following formula :

R	Hydrarg. oxid. flav.....	0.5 parts.
	Ol. Amygdal.....	15.0 parts.
M.		

From three to five intramuscular injections are made, into the glutei preferably, and under strict antiseptic precautions. No abscesses are ever seen, infiltrations occasionally and stomatitis never. Of course, one of the great advantages of the method is that the patient is spared the necessity of a long course of internal treatment or the inconvenience of the inunctions, to which many object on account of the personal uncleanness which accompanies this latter method.

The Courts of Berne, in Switzerland, have recently unmasked a curious fraud in the matter of a party named Steiger, who was arrested for the illegal practice of medicine. During the trial it was shown that Steiger had matriculated at Munich and had attended lectures there. In 1867 he failed to pass his examination, but borrowed a diploma from a friend and succeeded in getting himself appointed staff surgeon in the German army during the campaigns against France of 1870. His services in the field were described as brilliant, and he received the decoration of the Iron Cross, and in 1873, by virtue of this he was granted permission to settle and practice medicine in Berne. In the meantime the real owner of the diploma got tired of waiting for its return, and after applying for it and being refused the matter was brought before the courts, where the foregoing facts were elicited.

[April,

Department of Diseases of the Eye and Ear.

CONDUCTED BY

A. D. WILLIAMS, M. D., St. Louis.

Cocaine and Loss of Vitreus in Cataract Operations.—As I have heretofore stated, the greatest benefit we get from the use of cocaine in operating on cataracts is the almost entire prevention of the loss of vitreus. Before the introduction of cocaine the greatest anxiety in cataract operations was the ever-present fear of rupture of the hyaloid membrane and loss of vitreus. Cocaine prevents this accident in an indirect way. It kills sensibility and thus prevents all muscular action. In this way the patient is prevented from *squeezing* the vitreus out by violent muscular contraction. While killing the pain of the operation is a grand thing, the resulting or secondary effect is the greatest boon. Since using cocaine the loss of vitreus has been the rarest exception. Only very recently I operated on an old man in the usual way. The lens was easily delivered. In manipulating the cornea for the purpose of clearing the anterior chamber of all particles of lens substance, suddenly and unexpectedly a bead of vitreus popped up. I had to desist to allow the remains of the lens to be absorbed away. Had there been no cocaine used in this case the loss of vitreus would certainly have been "frightful" and very likely destructive. The patient made a rapid recovery and had a good result. This, so far as I remember, is the first loss of vitreus I have had since using cocaine.

The Treatment of Otorrhœa : Wet or Dry, which ?—Doctors are subject to whims like other mortals. Some years since some otologist, I do not now remember who it was, "conceived and brought forth" the wonderful idea that water

should not be used in cleansing otorrhœic ears, supposing that it was injurious to the drum. As a substitute for washing he proposed what is called "dry" treatment, which consists in wiping the ear out with dry cotton, twisted on a probe, till it was both dry and clean. The strangest thing is that quite a number of otologists have taken up the absurd idea and think that is the only proper way to treat otorrhœa. I refer to the matter here simply to condemn the whole thing. In the first place it is simply impossible to perfectly cleanse an ear filled with pus, in that way. In spite of the greatest care there will be some pus and some scales in out-of-the-way places which the cotton cannot reach. In the next place, the long continued wiping that is necessary, causes much more irritation, according to my way of thinking, than the injection of warm water. The parts are already bathed in pus, which is largely water, and are constantly kept moist. I cannot comprehend how additional moisture could do harm. Two or three injections of warm water bring at once everything out of the ear and clean it perfectly. Dry medicines act, I think, better in the ear than solutions and I prefer to use them dry whenever it is practicable, but I shall not abandon the use of the syringe and warm water for the purpose of cleaning the ear without a new revelation on the subject.

Amblyopia—is it the Cause or the Result of Strabismus?—It is a well-known fact that nearly every squinting eye, whether it turns outwards or inwards, is more or less defective in vision. There is an occasional exception to this rule, but in my experience it is only in the rare cases in which the squint is alternating, the patient sometimes using one eye and sometimes the other. In such cases there is no defect in the vision of either eye. I do not now remember ever having seen a case in which one eye constantly turned, that the vision of that eye was not defective. Heretofore it has been the generally accepted theory that the imperfect vision in all squinting eyes was the result of the squint, for the reason that the eye is not used and consequently it becomes defective for want of use. Very recently this explanation of the usual amblyopia in cross eyes has been called in question and a very sharp controversy has sprung up on the subject. The doubters claim that the amblyopia, so common in cross eyes,

is present before the eyes turn, and in fact is the direct cause of the turning. Good authorities are on each side of the question, the profession being about equally divided on the subject. Without going into tedious details, I will say that I believe that the old theory is correct and that the amblyopia is a result and not the cause of the squint. The best reason I can briefly give for my belief is that when cross eyes squint alternately neither is found to be amblyopic. If amblyopia is the exciting cause of squint, it follows that one or the other of these eyes should be amblyopic. More recently I have concluded that non-identity of corresponding parts of the retinae is a frequent cause of cross eyes. The deformity in such cases cannot be exactly corrected by operation, and binocular vision in them is simply out of the question, as the retinae are not identical.

Absorption of Turbinated Bones an Incurable Condition.—The turbinated bones are covered naturally with a kind of erectile tissue which swells up and shrinks down as occasion may require. It occasionally happens that this erectile tissue undergoes complete atrophy and practically disappears, and now and then the turbinated bones undergo atrophy or absorption and nearly disappear. Of course they may necrose and come away. I do not refer to that kind of trouble here, but only to their spontaneous atrophy or absorption. The result of this condition is that there is a large open space or cavity in the nose; the outer walls stand so far from the septum that the opposing surfaces do not even approximate each other, much less touch, or nearly so, as they do in their normal condition. The result is that the mucous membranes are not kept moist by opposing moist surfaces. On the contrary the air, constantly passing to and fro, dries the membranes and is a source of constant irritation to them. The mucous membrane inflames and soon becomes covered with scales and crusts by inspissation of the mucus and often ulcerates under the crusts. This condition is apt to extend into the Eustachian tubes and cause more or less deafness. It is easily recognized by the comparatively immense vacant space in the nose, its walls widely separated, the mucous membrane covered with crusts and patches of tough mucus, or muco-purulent material, and only small por-

tions of the turbinated processes visible ; even the turbinated bones have greatly shrunk in size. I have lately examined two cases of this kind of trouble and describe the condition somewhat in detail so that it can be readily recognized. In conclusion, I will say that this condition is absolutely and hopelessly incurable. Treatment practically avails nothing, as it is impossible to bring the opposite surfaces together so as to keep the membrane moist. I usually suggest a change to a mild climate in order to lessen as much as possible the necessarily constant irritation of the Schneiderian membrane.

Treatment of the Ear in Diphtheria.—It is a well-known fact that diphtheria of the air passages, and especially of the nose and throat, often extends as such into the drum, or in some way excites a suppurative inflammation in that cavity, causing abscesses and profuse otorrhea lasting an indefinite time after the patient gets well otherwise. Diphtheria therefore is one of the common causes of suppurating or "running" ears. How should the ear be treated when it becomes thus involved? My views on this subject are somewhat peculiar, and I propose merely to state them here. It is an admitted fact that nearly every child afflicted with diphtheria is in a serious condition and too often fatally ill. In a large proportion of the cases (I might say in nearly all of them) in which the drum is involved the little patients are too ill to know exactly when the involvement first begins in the ear. As a rule the first evidence of the fact that the physician or attendant has, is the appearance of pus in the external meatus. In such cases, where the child is, as before remarked, nearly always ill right unto death, I do not think that it is advisable to annoy them by attempting to treat the ear, deferring all interference until the dangerous period has passed and convalescence has progressed sufficiently for them to sit up in bed. But when this period arrives, if ever, treatment should begin promptly and be followed carefully and regularly. In addition to the reason already suggested, I am opposed to earlier interference because diphtheria of the drum, like that of the air passages or other portions of the body, must run a certain course, and it is a very doubtful question in my mind whether any treatment can abridge or even modify the process in the drum, which is practically a

closed cavity. It is certain, at any rate, that a diphtheritic membrane formed in this cavity cannot possibly be removed until the process has advanced sufficiently to loosen it. In the meantime suppuration has taken place and an abscess is inevitable. In diphtheria of the conjunctiva, where the diseased part is easily accessible, we find it impossible to remove the false membrane, either by medicines, or by instruments without cutting or tearing, until it spontaneously starts to separate from the mucous membrane. How much more difficult would it be to endeavor to remove it from an inaccessible cavity under the same conditions or with the same agents? These in brief are my reasons for advising non-interference in the acute stage of the disease. I insist however upon treatment as soon as convalescence sets in, and that it should be faithfully followed. The treatment is the usual one for otorrhœa which I need not repeat here.

Medical Progress.

THERAPEUTICS.

Intestinal Constipation.—In atony and intestinal constipation in uterine affections, Bardet (*Gazette de Gynécologie*) uses the following:

R	Fl. ext. cascar. sagrad.....	20
	Tinct. nucis vomic.....	2
	Aquæ laurocerasi.....	15
	Aquæ distilat.....	100

M. Sig. Three or four teaspoonfuls, during the day, are to be taken.

Formula for Epilepsy.—It is stated in *Practice* that Dr. Hunter McGuire uses the following formula for epilepsy, irritation of the brain, and other neurotic conditions requiring the prolonged use of the bromides. The hypophosphites prevent the many bad consequences of the bromides:

R	Hypophosphites of lime and soda.....	℥iii.
	Bromide of soda.....	℥ss.
	Water.....	℥viii.

Misce. Sig. Two teaspoonfuls before each meal, in water.

Masking the Bitterness of Quinine.—Eriodyctionic acid (derived from *yerba santa*) is said to mask the bitterness of quinine completely. Some pills and tablets of quinine thus prepared were recently submitted to the *Droguisten Zeitung* and it is stated in the latter that the quinine taste was imperceptible. Nothing was said about the taste of the acid itself, however.

Phosphate of Copper in Tuberculosis.—Dr. Luton, of Rheims, in an article in the *Revue Générale de Chimie et de Thérapeutique* says that he is convinced that tuberculosis may be cured by phosphate of copper in a nascent state and soluble in alkaline media. In this combination the copper plays the specific role and the phosphorus acts as a dynamic agent only. He recommends the following formulæ :

1°. Pills of the aceto-phosphate of copper :

℞ Neutral cupric acetate.....grs. iij.
Crystallized sodic phosphate.....3 ss.

Excip. q. s. ut fiat massa. Divide in pilulas No. xx. Ten such pills constitute a daily dosage to commence with.

2°. Potion of aceto-phosphate of copper :

℞ Neutral cupric acetategrs. iss.
Crystallized sodium phosphate.....grs. xv.
Mucilaginous potion.....3 viii.

M. The dose is a tablespoonful repeated p. r. n.

3°. Hypodermic solution of phosphate of copper :

℞ Cupric phosphate(freshly precipitated).....gr. ½.
Glycerin, pure
Distilled water, of each.....minims xl.

Mix at the moment of using.

Luton thinks that the initial dose should not be more than a decigram (1.5 grain) daily of the copper salt, and he adds that the specific medication should be supplemented by a special tonic to confirm the cure and prevent relapses. He suggests the following tonic wine, which he calls "phosphated wine of walnut":

℞ Extract of walnut.....3 j
Phosphate of sodium3 ss.
Malaga wine0 ij.

M. Sig. A tablespoonful after meals.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Acute Phosphorus Poisoning.—Kahn in an interesting article in the *Zeitschrift für physiologische Chemie* states that in acute phosphorus poisoning, hydrochloric acid disappears completely from the gastric juices and is replaced by lactic acid.

Phloroglucin, so strongly recommended by M. Faucher as a test for the gastric acids, and of which note has already been made, has been shown by M. Germain Sée (Académie de Médecine, séance of February 28) to be entirely without value for the purpose proposed. It has no action upon lactic acid nor even upon the salts of the gastric juice.

Bulbar Origin of Exophthalmic Goitre.—At the séance of February 24 of the Société Médicale des Hôpitaux, M. Ballet presented a patient who had formerly been presented by M. Debove as an example of the coincidence of hysteria with Basedow's disease. The patient now presents the four cardinal symptoms, typical of exophthalmic goitre, in addition to hysterical stigmata and the monocular diplopia of false ataxia. The point, however, upon which M. Ballet wished to call the attention of the society, was a paralysis of the 3rd, 4th, 6th and 7th pairs. Such cases had been quite frequently noted abroad, but have hitherto been observed but rarely in France. One of the most noted French cases was that announced by M. Ferreol quite a long time ago—a paralysis of the 4th pair, and a double facial paralysis reported by M. Potain. Thus it is shown that in the course of exophthalmic goitre there may be paralysis of all the bulbar nerves. This fact casts a new light on the pathological physiology of Basedow's disease, and alongside of more or less lame theories of the sympathetic and pneumogastric, we must also take into profound consideration the bulbar theory announced by Sattler and Panas.

The Nature of Cyanosis.—In an elaborate paper on the "Nature and Treatment of Cyanosis," in the *Practitioner*, by Dr. Alexander Morrison, the author arrives at the following diagnostic conclusions :

1°. As regards *age*, or the *duration of life*, we may assume that the greater the age of the patient, the greater will be the

likelihood that we are dealing with a pervious condition of the pulmonary artery, and a closure of the ductus arteriosus; conversely, the younger the patient with cyanosis, the greater is the probability that there is an obstruction in the main conduit for blood from the heart to the lungs; and, consequently, the greater the probability of a collateral approach to those organs by way of a patent arterial duct.

2°. As regards *cyanosis*, the less marked and more gradual this phenomenon is in its supervention, the less disturbance is there of the normal channels for a pulmonary circulation, the less impairment of thoracic aspiration; and consequently, the less organic disablement of the lungs by stases in the pulmonary circuit. Of course, it is quite possible that an atelectasis, due to bronchial impediment, and not directly connected with the condition of cardiac malformation, might in a given case complicate such a condition, and notably increase a cyanosis, thus impairing the diagnostic value of the latter sign; but, apart from such an accidental atelectasis, we are perfectly justified in inferring a direct relationship between the degree and progress of cyanosis, and an interference with the normal transit of blood from the heart to the lungs. Or, in other words, the greater and the earlier the cyanosis, the greater likelihood is there of the existence of an obstructed pulmonary artery and patent ductus arteriosus; and, conversely, the less and more gradual in its outset the cyanosis, although it may ultimately reach a high degree, the less probability is there of an obstructed pulmonary artery and patent duct.

Argyriasis.—At the meeting of the Medical Section of the Royal Academy of Medicine in Ireland (*Dublin Journal of the Medical Sciences*), Dr. A. W. Foot spoke of a case in which silver staining of the skin and mucous membranes followed local applications of nitrate of silver to the throat. These applications extended over a period of eight years. He had no doubt that large quantities of the drug had been swallowed. Others reported similar cases but attributed the general discoloration to the same cause. Cases are on record, however, in which the local application of nitrate of silver to ulcers, to the vagina, and other parts, had been followed by discoloration of the skin. Dr. Foot, referring to the biological

action of silver, recommended as preferable to the nitrate, the double hyposulphite of sodium and silver, stating that it is free from the danger of producing argyria and, at the same time, effects all the therapeutical indications of the silver salts.

DISEASES OF WOMEN AND CHILDREN.

Stimulation of Bronchial Mucous Membrane.—Dr. Thomas J. Mays states that in the chronic bronchitis of children the internal treatment must be directed toward a stimulation of the bronchial mucous membrane (*Medical News*), and gives for this purpose the following combination :

℞ Ammoniz muriat.....	℥i.
Ex. Euphorbiz pil. fld.,	
Tinct. digitalis.....	āā ℥iij.
Atropinz sulphat.....	gr. 1-70.
Chloroformi.....	gtt. xij.
Syr. tolu.,	
Syr. picis liquid.....	āā q. s. ℥i.
Aquæ q. s.....	ad. ℥iv.

M. Sig. One teaspoonful every three hours.

Tubal Pregnancy advancing to Full Term without Rupture.—The patient had passed through two normal pregnancies, the last having occurred ten years previously, according to the account obtained by Dr. Chas. E. Taft (*New York Medical Record*). She was apparently pregnant and suffered but little until the last three months when she began to emaciate. Palpation of the abdomen revealed, in the median line, an evenly rounded, tense, elastic, and freely movable tumor about the size of a pregnant uterus at six months. To the left and in front and apparently attached to the mass was a hard body which was evidently the slightly enlarged uterus. Laparotomy was performed and a full-grown child, somewhat macerated, was extracted from the tumor, which was unquestionably an enormously dilated Fallopian tube. The patient recovered. The child most probably macerated several months in the sac, as the history of the pregnancy dated back about a year and a half.

SURGERY.

Lateral Dislocation of the Axis without Spinal Phenomena.—An interesting case of the above nature is reported in the *Revue de Médecine et de Pharmacie Militaire*, by M. Annequin. A soldier accidentally fell upon his head and after the accident presented a persistent and peculiar stiffness of the neck. M. Annequin made a very careful examination and, in spite of the absence of all spinal phenomena, he made the following diagnosis; left lateral sub-luxation of the axis. This is a very rare condition, although it is possible; and, in reporting the case, M. Annequin quoted some other similar cases which are on record. There is always more or less doubt connected with these exceptional cases, more especially when not confirmed by post-mortem evidence. In the present case, however, a number of the best surgeons in Lyons confirmed the diagnosis. There existed in the case but slight deformity and the presence of anomalous elevations in the pharynx and at the nucha.

Chicken Skin Grafts.—Grafting the human being with pieces of skin obtained from different animals has been a practice more or less in vogue for some years past. Frog-skin was shown, not so very long ago, to adapt itself to this purpose in a satisfactory manner. In a communication to the Société de Biologie (*Paris Médical*), P. Redard claims to have succeeded in grafting the skin of young chickens upon the human subject. He regards the skin of a young chicken as among the best, for this purpose, because it is supple, fine in texture, vascular and easily spread upon the surface to which it adheres, without being absorbed, it gives rise to epidermic islets, which extend and form new tissues which are supple and different from ordinary cicatricial tissue. The skin is taken from under the wing of a young chicken and must not be deprived of its connective tissue, nor must it contain any fat. The pieces must measure one-half to one centimetre square and be simply laid on the part. Iodoformed gauze and a light cotton compress constitute all the dressing necessary. Rapid results are claimed for this method.

Fracture of Lower Maxilla followed by Putrid Infection and Death.—It is rather uncommon to find putrid infec-

tion in fractures. In 1865, M. Richet published a memoir on putrid intoxication in fractures of the lower jaw, which appeared in the *Gazette des Hôpitaux*. In reporting a case lately, the author calls attention to the fact that the fractures are not simple but compound, the fibro-mucous covering of the gum being torn and exposing the wound to infection from expired air and buccal liquids. A case in point is reported. A man of 50 had his lower jaw broken near the median line, while in a drunken state. The day after admission to the hospital, the man had repeated attacks of delirium tremens and had to be placed in a straight-jacket. It is probable that, under these conditions, strict antiseptic precautions could not be observed. At all events, three weeks after his admission, the patient died, there being buccal suppuration. The post-mortem examination demonstrated the presence of an abscess on the external aspect of the right leg and miliary abscesses in the lung. The unfortunate termination of the case shows the necessity of the frequent use of antiseptic mouth washes in such cases.

Book Reviews.

Atti della Reale Accademia Medica di Roma, Anno; XIII
Volume III. Serie II. 1886-'87. Con quindici tavoli litografiche, tre fototipie ed una xilografia. Royal 8vo. pp. 337. [Roma: Tipografia Fratelli Centenari. 1887.]

The first sentiment which is evoked in picking up a volume of this description—the Transactions of the Royal Academy of Medicine of Rome for the years 1886-'87, is one of envy—envy of an association of men who are able to have their transactions printed and gotten up in so superb a manner. Not superb in the matter of binding; for here we have no attempt at outward finery; no gilded edges, or embossed covers, not even an attempt at good printing on the outside. On the contrary, the matter is encased in a plain and even ragged paper cover; but when we lift the cover and look within, we find a truly royal volume. Heavy paper printed in large, clear Italian type and illustrated with a profusion of excellently executed lithographs, phototypes and a single wood-cut. We wonder then, how long it will be ere some

American Society—our American Medical Association, for instance, with its many hundreds of members, not a few of whom are men of wealth, will be able to send forth a volume of transactions so worthy of a place in the proudest library. There is nothing in the way but our parsimony, since in no respect are our printers and engravers behind those of any land. When we look at the table of contents again, we are struck with the difference of the channels into which the thoughts of medical men of different races pour. This is best illustrated by quoting the titles of the contributions to the volume before us.

After the announcement of the names of the Council of the Academy, etc., the first paper, by Doctors Mingazzini and Ferraresi, is on "The encephalus and cranium of a microcephalic girl." Dr. Cattani next presents a paper on "Catarrhal pneumonitis of the pneumothorax." Dr. Guiseppi Sergi follows with a paper on the "Physical Anthropology of the Fuegians"; Dr. Eugenio Ficalbi, on "The ossification of the periostic capsule in man and lower animals"; Dr. Vincenzi, "Observations on seventy-five crania of alienates"; Dr. Sebastian Giovannini on "The normal creases of the human skin, and other alterations thereof"; Ferrarisi and Guarnieri on "A case of glanders in the human being", Dr. Alphonso Poggi on "The immediate cicatrization of a wound of the stomach, with reference to different methods of suture"; Dr. Cesare Creti on "Researches as to certain cysticerci infesting reptiles"; Dr. Guiseppi Guarnieri on the "Alterations of the liver in malarial infection;" Dr. Orestes Ferraresi on "Phlegmonous Gastritis;" Professors Marchiafava and Celli on "Malarial Infection," and finally the work is closed with a paper from Dr. Pietro Bonnuzi on "The vasomotors and vasomotor centres of the medulla and cerebellum; and the vasodilator nerves of the posterior radices of the spinal marrow."

The engravings, as we have said, are not only numerous but extraordinarily good, thoroughly illustrating the subjects. The report in every way testifies to the high character of the Royal Academy of Medicine of Rome and of the work it does, and we are sincerely grateful for the copy before us.

Nasal Polypus with Neuralgia, Hay Fever and Asthma, in relation to Ethmoiditis. By EDWARD WOAKES, M. D., Lond. Small 8vo. pp. 140, illustrated. [Philadelphia: P. Blakiston, Son & Co. St. Louis: Jno. L. Boland, 1887. Price, \$1.25.

Thirty years ago the subject of nasal diseases and their reflex symptoms attracted very little attention, but gradually the attention of laryngologists was forced in this direction.

1878 Dr. Thos. F. Rumbold, at the first meeting of the American Laryngological Association, contended the name of the association ought to be *Rhinological* instead of Laryngological, and he predicted that at the next meeting more papers would be read on troubles arising from diseased nasal mucous membrane than on pure throat troubles. This proved to be the case. At the last meeting of the International Medical Congress the majority of papers read before the section of Laryngoscopy, Rhinology and Otology, were on *nasal* diseases or their reflexes. The study of the many complications that may arise from inflammation of the mucous membrane of the nose and its adjoining cavities is but in its inception, and yet great advances have been made in the last few years, and every new book is read with avidity by those interested in this subject.

The work under consideration deals only with one form of nasal inflammation, *Ethmoiditis*, and a few of its reflexes. This term, *Ethmoiditis*, the author claims as original. If he will consult page 80 of the fifty-third volume of THE ST. LOUIS MEDICAL AND SURGICAL JOURNAL, he will find that he is *not* the first to use the term. He gives Volto-*lini* the credit for having first called attention to the occurrence of reflex phenomena in association with nasal disease in 1877, whereas Dr. Thos. F. Rumbold, in 1869, called attention to this fact in the St. Louis Medical Society. He states that Dr. Daly, of Pittsburgh, was the first to publish any data in regard to hay fever, or, more properly speaking, pruritic rhinitis, being due to intranasal hypertrophies in 1881, whereas the same gentleman published the first definite views on this subject in advanced sheets of his work, on Hygiene and Treatment of Catarrh, in June, 1879, and distributed copies of the same to the members of the American Laryngological Association at that time.

In regard to the treatment of hay fever, or pruritic rhinitis, he states that the radical treatment is surgical; in this we differ from him. The main features of the book are well taken, and the author has done considerable original work. It is a book that ought to be read by every physician that has to deal with nasal diseases.

F. M. R.

Atlas of Venereal and Skin Diseases. By PRINCE A. MORROW, A. M., M. D. Fasciculi I and II. Quarto with 10 chromolithographic plates. [New York: Wm. Wood and Co. 1888. Price \$2.50 each fasciculus.

This work which has been some time in preparation and whose early appearance was announced in last month's JOURNAL, is one which has fulfilled the highest expectations formed in regard to it. Of the text of the two parts now before us there is little to be said beyond the fact that it is written in the well known clear and lucid style of the author. His ideas in regard to chancroid and syphilis have become so well-known through other works of his that it is unnecessary to dwell upon them here. In the first fasciculus the five plates illustrate chancroids, mixed chancre and chancroidal • bubo. The different varieties and their complications are given in a manner which is both artistic and true to nature. In the second fasciculus there are also five plates delineating chancres and chancroids, balanitis, erratic chancres, vaccination chancres and the initial lesion with a maculo-papular syphiloderm. In these plates there are some very valuable figures; the most valuable as well as interesting, probably, being Plate 9, in which are delineated vaccination chancres. This plate is after Hutchinson, than whom there is perhaps no better authority on this subject. Want of space forbids a detailed consideration of the various figures of all these plates, but their value can be best attested to by their truth to nature.

The mechanical execution of the letter-press, the artistic work of the illustrations and the excellence of the material used by the publishers are on a par with the purely scientific portion and cannot fail to make this atlas a source of honor and profit to the editor and publishers.

O-D.

Handbook of Treatment. By WM. AITKEN, M. D., F.R.S., and A. D. ROCKWELL, A.M., M.D. 8 vo. pp., 444. [New York: E. B. Treat. 1887.

This book might properly be termed an encyclopædia of applied therapeutics. Leaving to one side, or taking for granted as understood, the pathology, symptomatology, etc., of diseases which every writer on therapeutics has hitherto thought necessary to drag into his text, the authors of this work have put in alphabetical form the diseases and conditions requiring treatment, and their exact definition, after which they have given the most modern and approved remedies therefor. This may not be strictly according to the ideas of the "solar walk and milky way" scientists in medicine, but it is a vivid illustration of the practical nature of modern tendencies in the art of healing. We know of no better way of illustrating the scope and character of the book before us than by opening it at random and choosing a specimen word. We open to—

GOITRE, EXOPHTHALMIC.—*Definition*: Enlargement with vascular turgescence of the thyroid gland, accompanied by protrusion of the eye-balls, anæmia, and palpitation.

Treatment.—The use of iron and tonics generally, and digitalis may be indicated in connection with the cardiac symptoms, etc., etc.

And in this manner, commencing with "acne" and ending with "yellow fever," the entire list of the ailments to which human flesh is heir, are defined and treatment therefor suggested. The book will no doubt be a popular one with a certain class of practitioners, but it will be much more apt to get into the hands of the ignorant than the educated, and it will also very probably find a ready sale among the laity.

Phallic Worship. By ROBERT ALLEN CAMPBELL. 8vo. pp. 204, with 200 wood engravings. [St. Louis: R. A. Campbell & Co. 1887. Cloth, price \$1.00.

This work, while laying no claim to erudition, exposes, in plain and easily understood language, the origins of many of the monuments of antiquity and not a few of those of to-day, together with meanings of the signs and symbols which have descended to us from the remotest antiquity, to-wit: the worship of the generative organs as symbolical of the creative

principle. The subject is one which has been ably handled in times past, and every well educated man has read something more or less thereon,—either the *Anacalypsis*, or the *Celtic Druids* of Godfrey Higgins; Payne Knight's *Worship of Priapus*, or the *Symbolic Language* of the same author; the *Ancient Faiths* of Inman, and the many other works of this description in English, French and German tongues. These works are, however, for the most part, out of the reach of the great mass of readers, and it is for these latter that Mr. Campbell has prepared this little synopsis of this curious subject. The book is in fact very much of the same scope and nature as the "*Masculine Cross*," which appeared anonymously some years ago—or rather under the pseudonym of Sha Rocco. It is well printed on heavy paper, with good, clear type, and illustrated with a large number of tolerably good wood cuts.

A Practical Treatise on the Medical and Surgical Uses of Electricity. Including: Localized and General Faradization; Localized and Central Galvanization; Franklinization; Electrolysis and Galvano-Cautery. By GEO. M. BEARD, A. M., M. D., and A. D. ROCKWELL, A. M., M. D. Sixth edition, revised by A. D. ROCKWELL, M. D. 8vo. pp. 758, with nearly two hundred illustrations. [New York: William Wood & Co., 1888.]

The demand for this work is best attested to by the number of editions through which it has gone. It is hardly necessary to review such a well known work and one which has earned a place in every medical library on account of its usefulness and thoroughness. In this edition the chapter on diseases of women has been re-written; a full *exposé* of Apostoli's method being given. Electrolysis in the treatment of urethral stricture is also dwelt upon. The reviser has not taken as much pains as he might have done, in preparing this edition. For instance, on page 514, in referring to chromogenous skin diseases, he states that no experiments have been made of the action of the galvanic current in leucoderma, lentigo, etc., and yet there are such cases on record. One great fault to be found with the work is that current strengths are stated in "cells" instead of milliamperes. With these exceptions, the book is one of the best that we have on the subject, and no progressive physician should be without a copy of it.

The Ear. Its Anatomy, Physiology, and Diseases. A Practical Treatise for the Use of Medical Students and Practitioners. By CHARLES H. BURNETT, A. M., M. D. Illustrated, second edition. Large 8 vo. pp. 585. [Philadelphia, H. C. Lea's Sons & Co., 1884. Price, cloth \$4, leather \$5.

This is a book from a well known author, and bears evidence of much original work. Instead of the usual wood cuts seen in almost every work on this subject, Dr. Burnett has, with a very few exceptions, elucidated his text with new, and—what is far more important—*accurate* illustrations. Fig. 25 is one of these accurate illustrations. The man who drew this figure had the anatomical specimen before him, and he accurately lined its formation on his block; showing that the opening of the Eustachian tube is situated as far from the floor of the middle ear as the roof of the cavity would allow it to be placed, demonstrating one of two things, either nature made a blunder in placing the opening of the tympanum so high that the Eustachian tube could but imperfectly drain the middle ear and mastoid cells, or the physiologists and otologists are greatly mistaken when they say that the Eustachian canal is a drainage tube. Be that as it may, Dr. Burnett has made a valuable contribution to otology.

A Manual of Medical Jurisprudence. By ALLEN McLANE HAMILTON, M. D. 12mo., pp. 390, with 10 wood cuts. [New York: E. B. Treat & Co. 1887.

In this work, Dr. Hamilton has confined himself entirely to a discussion of those nervous diseases which most frequently form the subject of medico-legal inquiries—or, as the author puts it in his model preface of less than five lines of this type, it is an elementary treatise, and book of reference for lawyers and doctors, in which are considered only those conditions of the nervous system which are now-a-days so often the basis of litigation. The subjects discussed, therefore, are insanity in its medico-legal aspects, hysteroid conditions and feigned diseases, epilepsy, alcoholism, suicide, cranial injuries and spinal injuries. These are the chapter headings, the subjects being subdivided by "catch words" in bold-face type at the beginning of sentences. This is a most excellent and convenient idea, which very much simplifies consultation. The latter is also aided by a full and well-arranged index. The book is one that will prove valuable to lawyer and practitioner alike.

1888.]

Literary Notes.

The Archive fuer Klinische Chirurgie, generally known as *Langenbeck's Archive*, will hereafter be under the editorial management of Prof. v. Bergmann.

A Practical Treatise on Diseases of the Skin. By John V. Shoemaker, A. M., M. D. 8vo. pp. 633. With colored plates and other illustrations. [New York: D. Appleton and Co., 1888.]

The Baby is the name of a new journal recently established in London, devoted to the instruction of mothers, young and old, in all that pertains to the proper sanitary and hygienic care of infants and children.

The Rules of Aseptic and Antiseptic Surgery.—A Practical Treatise for the use of Students and the General Practitioner. By Arpad G. Gerster, M. D., 8vo. pp. 332. Illustrated with two hundred and forty-eight engravings and three chromolithographic plates. [New York: D. Appleton & Co., 1888. St. Louis: Jno. L. Boland.]

Lactopeptine Medical Annual.—The New York Pharmacal Association have our thanks for this beautiful and tasty publication, which includes a calendar and a great deal of valuable information on miscellaneous subjects. Those of our readers who have not received a copy should write to the New York Pharmacal Association for one.

New Journals.—We have received the initial number of *Medical Science* which will hereafter appear monthly. It is published at Toronto, Canada, and is edited by Drs. P. H. Bryce, Wm. Nattress, P. J. Strathy, and W. B. Nesbitt. It is of the large octavo form so much affected by our neighbors over the border, and each number contains 32 pages, handsomely printed on good paper. Price, \$2.00 per annum.

The **Memphis Medical Monthly** is the name by which the journal of our friend Dr. F. L. Sim, hitherto the *Mississippi Valley Medical Monthly*, will hereafter be known. The change is a good and a happy one, as it gives a local habitation and a proper name to one of the brightest and best of our Southern exchanges. The Journal will be changed only in name, however, and will continue to be run in the same high grade as of old, by Dr. Sim as chief and Dr. E. A. Neely as associate editor.

The **Puzzler** is the attractive title of a very handsome magazine for boys and girls, appearing monthly from the press of N. D. C. Hodges, New York, who is also the publisher of *Science* and the *Swiss Cross*. It is devoted, as its name indicates, to those delightful charades, enigmas and puzzles which not only serve to amuse and instruct boys and girls but which do quite as much in the way of strengthening and educating the reasoning powers as do the studies of mathematics and logic, later on. The price is \$1.20 per annum.

Books Received.—The following books have been received from their respective publishers and will hereafter be noticed in detail: The Rectum and Anus, by Chas. B. Ball (Lea Brothers & Co.); Obstetrical Synopsis, by W. S. Stewart (F. A. Davies, Philadelphia); The Prescription, by Otto A. Wall, (August Gast Bank Note Co., St. Louis); Diseases of Women, by W. H. Byford (P. Blakiston, Son & Co., Philadelphia); Diseases of the Heart, by Alonzo Clark (E. B. Treat, New York); Analysis of Urine, by T. C. Van Nuys (P. Blakiston, Son & Co., Philadelphia).

Questions and Answers on the Essentials of Physiology is the title of a "quiz-compend" by H. A. Hare, M. D., of the University of Pennsylvania, recently issued from the press of W. B. Saunders, of Philadelphia. It is handy in size, strongly bound and just the thing for student's use. The questions are practical ones and the answers, while quite terse are full enough for the purposes for which such a book is intended. It is not proposed that it is to take the place of text books of physiology, but simply to act as a guide thereto and a remembrancer thereof. As such it is excellent.

The *Century Magazine* for May will contain the first of the Siberian papers of Mr. Kennan, illustrated by G. A. Frost, who accompanied the daring literateur through Asiatic Russia. Their appearance has been deferred on account of the author's desire to group in preliminary papers—the last of which will be in the April *Century*—an account of the conditions and events in Russia directly related to the exile system. This system is now to be minutely described and elaborately pictured; and by way of preface to the first illustrated paper, in the April *Century* Mr. Kennan will write of "The Russian Penal Code."

Index Medicus.—A number of times already, we have had occasion to call the attention of our readers to this valuable publication. At one time, it was in danger of rapid dissolution, when Mr. Geo. S. Davis, of Detroit, voluntarily assumed the burden of publishing it. Notwithstanding the uniform support that the *Index Medicus* has received at the hands of the medical press, not only in this country, but abroad, it is not yet self-supporting. The total number of paying subscribers is 363! Missouri subscribes for 5 out of the 240 in the United States; Indiana can afford to take but 1, New York leading the list with 78. The medical man who writes and who is desirous of writing intelligently, can surely not do without this publication, and yet it is truly a "beggarly showing" that is presented to us, and is one which does not reflect much credit upon either the intelligence or liberality of the medical profession. Are there not enough physicians in the United States and abroad to support a good publication, when so many inferior ones thrive?

Pamphlets and Reprints Received.—During the past month we have received the following pamphlets and reprints for which the senders have our thanks: The cure of Hernia, by Henry O. Marcy, M. D. (reprint *Journal Amer. Med. Ass.*, May 28, 1887); Cystitis in the Female, by H. O. Marcy, M. D., (reprint *Jour. Amer. Med. Ass.*); A Very Valuable lesson for those who use Anæsthetics, by J. J. Chisholm, M. D. (reprint *Maryland Med. Journal*); On the Use of the Vaginal Tampon, by Thos. Addis Emmett, M. D. (reprint *N. Y. Medical Journal*); The Medical Profession and the Public

Health Movement, by J. Berrien Lindsley, M. D. (reprint *Mis. Valley Med. Monthly*); Annual Report of the Board of Managers, New York State Reformatory; The Western Reserve University, Cleveland, O. Annual Announcement for 1888-9; The Lomb Prize Essays (already noticed heretofore); Medical Organization, by A. N. Carrigan, M. D., an Essay read at the 12th annual meeting of the Arkansas State Medical Association; The Wills Eye Hospital, report for year ending December 31, 1887; Tenth Annual Report of the Presbyterian Eye, Ear and Throat Hospital, Baltimore; Specimen pages of the Military Annals of Tennessee (Confederate) by J. Berrien Lindsley, M. D., Nashville, Tenn.

The Swiss Cross.—No educational movement of the last twenty years has done half so much for the advancement of the study of natural history in all of its branches, among boys and girls from 10 to 18 years of age, as has the Agassiz Association. Started first as a little department occupying a few lines in that delightful juvenile magazine, *St. Nicholas*, it at last grew so large that it took up more space than that journal could spare. From a little local gathering in New York or Boston (we forget which), it is now national in character having its local societies or chapters in every city of the land, the membership numbering several thousand and constantly increasing. The *Swiss Cross*, a monthly journal named in honor of the little republic which gave birth to Agassiz, and published by N. D. C. Hodges, of New York, is now the organ of this association, and in addition to publishing each month the reports of new "chapters," etc., gives a large amount of valuable reading matter carefully and scientifically prepared and suited to the minds of its youthful readers. It is devoted to the study of nature in all her forms, and we say without reserve that we know of no better book to put into the hands of young people than this. The price is only \$1.50 per annum.

Etiology of Inflammation of the Nasal Mucous Membrane.—This subject is now attracting a great deal of attention, owing to the increased importance attached to this diseased condition by the rhinologists and laryngologists of the world. From advance sheets of the preface of Dr. Thos.

F. Rumbold's work on chronic nasal catarrh we learn that the following are his views on this subject: "The catarrhal inflammation is first brought about by irritation of the integumentary and mucous surfaces, this being occasioned by innumerable colds. The colds affect the sensory nerves of both these surfaces. These nerves transmit the injury to the cervical sympathetic ganglion, which send nerves to the muscles surrounding the blood vessels in the mucous membrane of the nose, throat and ears. Through this nervous connection the blood vessels become dilated; and this is the result of the injury to the sensory nerves. This dilation is known as inflammation.

In the great majority of instances, the inflammation is the result, through reflex action, of irritation of the sensory nerves. Tobacco, carbolic acid—in quantities sufficient to produce anæsthesia of a more or less degree—hot steam, fumes of iodine, etc., I believe, produce paresis of the sympathetic nerves of the part touched, by direct as well as by reflex action. There is another agent that produces inflammation by direct as well as by reflex action, and that is catarrhal secretion. The irritating and injurious effects of any irritant, as well as the catarrhal secretion, assists, by their primary influence on the sympathetic nerves, in producing and maintaining an inflammation of the mucous membrane. * * * The sensory nerves of the mucous membrane transmit the injury received from the application of any irritating remedy, as they transmit the injury from the catarrhal secretion, to the cervical sympathetic ganglion, which, through reflex action, will cause further dilatation of the blood vessels of the already inflamed mucous membrane."

The Illinois State Medical Society will hold its annual meeting at Rock Island, May 15, 1888.

One of our Exchanges states that a Chicago judge recently fined and sentenced to thirty days in jail a physician and a woman who had the temerity to remove "birth-marks," stating that it was criminally tampering with the evidence, as the defects served to identify a child, the possession of which was in litigation.

The Colleges.

ANNUAL COMMENCEMENT EXERCISES. THE GRADUATES.

Since the appearance of the last number of the JOURNAL, the medical colleges of St. Louis have added another numeral to their annual announcements, have grown a year older, and have conferred the proud title of DOCTOR MEDICINÆ upon a host of young men. The following is a résumé of the proceedings held at the Commencement Exercises of each school :

MISSOURI MEDICAL COLLEGE.

This, the oldest and most flourishing of our schools, held its forty seventh annual commencement on Tuesday, March 6, at Entertainment Hall, Exposition Building. The hall, large as it is, was more than comfortably packed with the friends of the school and the students, long before the opening hour was at hand. After a march and an overture by the orchestra the degree of doctor of medicine was conferred upon the following :

GRADUATES IN MEDICINE :

James F. Alexander, Ind.; J. B. Brierly, Mo.; U. T. Bridges, Ills.; Frank Brittan, Tex.; W. A. Braecklein, Mo.; Elmer F. Boyd, Tex.; Thomas H. Bowles, Tex.; T. R. Beatie, Mo.; L. M. Benepe, Ills.; Harry Converse, Ill.; George E. Countryman, Minn.; Alfred N. Carr, Tex.; A. C. Curl, Mo.; J. B. Corley, Mo.; Theo. W. Culp, Mo.; P. K. Connaway, Ills.; J. C. Cleveland, Ark.; J. O. Callahan, I. T.; S. O. Davis, Mo.; J. R. Daniel, Mo.; J. T. Deney, Mo.; A. O. Dean, Ills.; J. D. Edmondson, Ark.; W. J. Fretwell, Mo.; F. L. Hamilton, Ark.; W. A. Henderson, Mo.; H. W. Hazlit, Ills.; H. W. Harris, Mo.; D. F. Hedgpeth, Mo.; C. F. Herman, Mo.; A. S. Harrison, Mo.; J. L. Higbee, O.; F. L. Henderson, Mo.; A. W. Harris, Ark.; Leroy Jones, Charles Jaeger, J. A. Krieger, A. Kleykamp, and W. B. Kin-

sey, Mo.; E. W. Kincheloe, and J. U. Long, Ills.; L. L. Love, and J. McD. Lawrence, West Virginia; J. F. Levy, Mo.; J. D. Lovelace, Tex.; J. K. Locke, Ore.; J. H. MacGaughey, Mo.; L. P. McCalla, Tex.; J. B. Martin, H. F. MacGinniss, J. U. Mowell, H. T. Mairs, and W. W. Norwood, Mo.; J. A. Norris, and J. L. Nusbaum, Ills.; W. H. Nicholas, Mo.; M. J. O'Rourke, Neb.; Jno. D. Pfister, H. M. Pollard and C. E. Powell, Mo.; G. V. Poyner, and J. U. Poyner, Ark.; Harry Redding, Kans.; P. N. Russell, Mo.; G. W. Stratton, Kans.; H. Sauermann and Z. Smith, Mo.; A. B. Tapscott, Ark.; G. F. Toalson, Mo.; N. P. Thompson, Ills.; L. A. Turnbull, G. H. Thompson, E. H. Wells, D. L. Whaley, James W. Waters, J. T. White and C. L. Wilson, Mo.; F. Walters, Ills.; and Geo. N. Watson, O.

THE PRIZES.

The Curtmann prizes in chemistry were awarded as follows: 1st prize, T. C. Witherspoon of Mo.; second prize, W. A. Henderson, Mo. The following young gentlemen received honorable mention, viz.; C. F. Hersman, $98\frac{1}{2}\%$; Harry Redding, $97\frac{1}{11}\%$; E. A. Wells, $96\frac{2}{10}\%$; P. K. Connaway, $91\frac{2}{11}\%$; Fred Walters, $92\frac{1}{11}\%$; C. L. Wilson, $92\frac{2}{11}\%$.

Ad eundem Degree—Dr. T. A. Martin, St. Louis.

The valedictory was delivered by Prof. Chas. A. Todd, and those who had the pleasure of listening to it say that a finer address has never been spoken to a graduating class in all the years in which the old Missouri Medical has existed.

ST. LOUIS MEDICAL.

This was the forty-sixth annual commencement of this old (in years) but ever young and vigorous institution. The exercises were held at Entertainment Hall of the Exposition Building, on Tuesday, March 6. The exercises consisted of the time honored programme of music by an excellent band; after which the President, Dr. J. S. B. Alleyne delivered the degree of doctor of medicine to the following

GRADUATES IN MEDICINE:

Hugh T. Blackledge, Commerce, Mo.; Edward H. Brandt, Cappeln. Mo.; Louis H. Butler, Casco, Mo.; William D.

Goodspeed, Virginia, Ill.; Chris. J. Hedeman, Cappeln, Mo.; Alexander G. Jordan, St. Louis, Mo.; William C. Mardorf, St. Louis, Mo.; Gregory S. Miller, St. Louis, Mo.; Louis L. Papin, St. Louis, Mo.; Thos. J. Payne, Jr., Fayette, Mo.; William P. Rowland, St. Louis, Mo.; Eldon J. Russell, Carrollton, Mo.; Henry W. C. Schulz, Prairietown, Ills.; Greenfield Sluder, St. Louis, Mo.; Horatio Wells, Fayetteville, Ark; Herman L. W. Wichmann, St. Louis, Mo.

MISSOURI DENTAL COLLEGE.

The following graduated from the dental school, and received diplomas as Doctors of Dental Surgery, at the hands of Dr. H. H. Mudd, the dean of this department:

William S. Cady, Fredonia, Kas.; John A. Fries, St. Louis, Mo.; Jesse E. Grosheider, New Albany, Ind.; Jno. H. Kennerly, Shelbina, Mo.; Robert E. Kiernan, Jr., Huntsville, Mo.; Clarence W. Knox, Troy, Mo.; Henry Muetze Ph. G., St. Louis, Mo.; John G. Northington, Emporia, Kas.; Murray W. Phillips, New Madrid, Mo.; Willard A. Roddy, Ashland, Mo.; Montana T. Smith, Springfield, Mo.; Hugo E. Wangelin, Belleville, Ills.; C. H. Williams, De Soto, Mo. The gold medal of the St. Louis Dental Society was conferred by Prof. Henry Fisher, D. D. S.

THE VALEDICTORY

Was delivered by Prof. John Green, M. D., and was an eloquent *envoi* to the men who were going out into the world as healers of men. If they will but bear in mind and keep before them during the future years the words that he spoke and will but live up to the precepts inculcated in their Alma Mater and so carefully and wisely brought before them in review by their valedictorian, their college will never have cause to be ashamed of them.

THE SPRING SESSION.

This commenced on Monday, March 12, and will continue until Saturday, May 26. It will consist of a course of lectures on anatomy (Dr. Fry); histology, with practical microscopy (Dr. Evers); pathological anatomy (Dr. Luedeking); diseases of the kidney (Dr. Baumgarten); obstetrical operations (Dr. Scott); syphilis (Dr. Bryson); auscultation and

percussion (Dr. Porter); chemical examination of urine and practical chemistry, in the laboratory, by Dr. Friedman.

The spring course has hitherto not been obligatory, nor is it at present, but the junior class recently initiated a movement among themselves, which will probably make it so in the future. They signed, without a single dissident, a petition to the faculty to make the spring term hereafter a compulsory part of the regular course, and we learn that the faculty look upon the movement with great favor.

THE ALUMNI BANQUET.

The annual banquet of the Alumni Association of the St. Louis Medical College was one of the features of this year's commencement, which, like the Feast of O'Rourke,

"——— will ne'er be forgot
By those who were there, and those who were not!"

We wish that we had the space to give some of the good things that were said by the speakers in answer to the toasts—especially for a full report of the remarks of Dr. Baumgartner in response to the toast "Modern medical education and the St. Louis Medical College." The text of the remarks, however, came to us too late for use in this copy of the JOURNAL. It was a clear demonstration that a response has been made to the constantly recurring appeal for "higher medical education" by the St. Louis Medical, at any rate.

ST. LOUIS COLLEGE OF PHYSICIANS AND SURGEONS.

The ninth annual commencement of this flourishing school was held at Memorial Hall on the evening of March 3. The beautiful lecture room was full to overflowing with the relatives and friends of the graduates and friends of the college.

The venerable dean, Dr. Louis Bauer presided in the absence of the Hon. Jas. O. Broadhead (the president) and introduced the ceremonies with an appropriate and eloquent address. Dr. Bauer stated, what is well-known to those who have watched the course of this school, that the efforts which have been ceaselessly made by him and his associates to make the St. Louis College of Physicians and Surgeons second to none in the West in the thoroughness of its teaching, and a success in every other way, have been crowned with signal

success. After long years of hard and bitter struggles the school comes forth this year as an assured and complete triumph over all difficulties. Commencing with a class of but 16 members, at this, its 9th commencement, it has a class of 108, of whom thirty-seven graduate as doctors of medicine. During all of this time not one dollar of the fees or receipts have been turned from the fund toward the multiplication of educational facilities, the improvement of the buildings and paying for their property. Not one of the regular professors has received pay for his services, save in the way mentioned. The time is rapidly approaching, however, when each will receive substantial returns for his services, as the school is practically out of debt and in an excellent condition every way. After Dr. Bauer's introductory remarks the degree of doctor of medicine, with its accompanying diploma, was conferred upon the following

GRADUATES :

W. N. S. Able, B. G. Benson, G. A. Bradford, T. S. Burford, Richard Dart, Sid. Elmore, R. C. Edgell, F. C. Gay, W. W. Graves, E. C. Guthrie, L. Heim, G. W. Ira, M. D. Jennings, J. W. Johnson, G. A. Krebs, J. K. Kantrell, T. D. S. McCall, T. C. Montgomery, J. W. Mickle, O. Paquin, W. A. Palmer, H. E. Pearse, C. H. Rigg, J. A. Schuelke, J. Stredder, A. J. Smith, J. R. Stiepel, G. H. Sample, H. C. Temple, J. M. Taylor, W. A. Wade, and Chas. Nagle. Ad eundem degrees were conferred upon Dr. B. H. Clark, Jr., Dr. W. McKeen and Dr. D. G. Panter.

The Dental School had eight graduates, whose names are included in the above list. This addition to the regular curriculum, which was first made at the session just closed, has proven a valuable one, and will henceforth be one of the features of the college course. The spring term commenced on the 12th of March and will continue until May 1st. It embraces practical clinical instruction, and must be of great service to the juniors who wish to commence next autumn's course well advanced in their studies.

BEAUMONT HOSPITAL MEDICAL COLLEGE.

This school celebrated its second annual commencement at Memorial Hall on the evening of March 15. The dean, Dr.

W. B. Outten, being unavoidably absent from the city, his place was filled by Dr. R. M. King, vice-dean. The hall was full of people—young and handsome ladies predominating, and there was quite a fine display of floral gifts, sent in as tributes to various popular members of the graduating class. Almost the entire faculty was present on the stage, and in consequence “the boys,” some of them pretty old boys, came up for the sheepskins in platoons or detachments. After a short prayer by the Rev. R. A. Holland, Dr. King made a little address and delivered diplomas conferring the degree of doctor of medicine upon the following

GRADUATES :

Benj. B. Allen, Henry F. Atkins, Reuben F. Berry, W. Royal Blackshea, Reuben M. Blount, John W. Boakner, Silvester A. Coffman, Edward F. Cunningham, James F. Elliott, Herman W. Faber, Geo. F. Hamel, John A. Hale, Julian W. Jenkins, Geo. Ledford, Chas. W. Tillie, Jefferson D. Nifong, Samuel B. Park, J. Burgess Payne, Irwin Phillips, Arnold Sellner, Mathias Henry Scheele, Julian W. Scott, Frank R. Smiley, John R. Smith, J. B. Smoot, Francis S. Stevenson, Will. S. Symmes, Thos. L. Taylor, J. Harvey Wallace, Robt. H. Westfelt, Melvin Wortman, James A. J. Wright and Francis F. Zeller, making thirty-three in all.

In addition to these, the *ad eundem* degree was conferred upon Drs. James B. Hungate and O. C. Reynolds. After handing over the parchments Dr. King made a most happy and feeling address to the recipients, impressing upon them the nature of the duties as well as the privileges which went with these documents. Those who have the pleasure of knowing Dr. King personally will appreciate to the fullest his remarks, as no man connected with any faculty of this city has a happier facility in combining the didactic with the entertaining as well as sentimental, on such occasions.

The valedictory on the part of the faculty was pronounced by Dr. Walter Coles, and it made a deep impression upon the class. Altogether a more impressive ceremony has not taken place at any commencement, among the many, this season ; nor has a finer body of men gone forth from any of our schools than were turned out by Beaumont at this, her second endeavor.

THE BANQUET

Given by the faculty to the graduates took place on the evening preceding the commencement, at the Lindell. Almost the entire faculty and pretty much all of the graduates were present. Dr. King presided, at the head of the long table, which was arranged in U shape in the "ladies' ordinary." Dr. McCandless acted as toast-master and master of ceremonies. The collation was served at 10 o'clock, and immediately after the removal of the dessert the toasts were given and responded to— H_2O being the liquid employed as a lingual lubricator. In spite of the absence of carbonic acid and the variations and dilutions of hydroxyl-ethane (C_2H_5O) commonly used on such occasions, there was no lack of good speeches and general hilarity. One of the most entertaining of the post prandial dissertations was that of Dr. Willis P. King, of Sedalia, which, notwithstanding a fine ripe flavor which hung around certain portions of it, was received with uproarious applause, and was heartily enjoyed by all. Toasts were drank and speeches were made without mis-nap until toward midnight, when symptoms of acute hydrogen-oxide intoxication began to manifest themselves in certain quarters. Dr. Chancellor was especially severely afflicted and immediately after responding to a toast, left for home, suffering with cholera morbus, due to wearing a low-cut vest and swallow-tailed coat under such trying circumstances.

THE SPRING COURSE

Of Beaumont will, like that of the other institutions of the city, last six weeks and will embrace practical instruction in those departments wherein the regular class routine during the winter was necessarily largely theoretical.

Although the youngest of our regular schools, Beaumont has already shown itself to be one of the solid institutions of St. Louis, and with its present excellent start is destined to give some of its older rivals a mighty close race in the future. It has a first-class faculty, most excellent and commodious school buildings, good facilities for teaching, and there is no reason why it should not stand first among the first.

L'ENVOI.

If there is a city of a half million of inhabitants and upward in the United States which can make a better educational showing than the above we would like to know its name. Philadelphia and New York, which so long have held the palm (and justly so) must look to their laurels. St. Louis is

not far in the rear, and will soon be able to claim precedence, not only upon the number of its graduates, but upon the high character of the education of those who go forth from her, armed with her certificates of proficiency. It shall be the especial pride and pleasure of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL, whose birth closely followed the foundation of the two oldest schools, to chronicle the triumphs of our graduates. We hope that the latter will remember this, and look to our columns, henceforth for the best thoughts of their classmates.

Each and every student graduated at our schools has our heartiest wishes for his future success in life. Everything now depends upon the individual himself. If he regards graduation as the end of his studies, he is hopelessly a nobody for all time to come; but if he regard it as but the commencement of his life-work, the world is before him. Which will he choose?

Melange.

The Kansas State Medical Association holds its annual meeting at Topeka, beginning May 1, 1888.

The Arkansas State Medical Society will hold its annual meeting at Fort Smith, beginning April 25, prox.

The Thirty-ninth Annual Meeting of the American Medical Association will take place at Cincinnati, Ohio, beginning Tuesday May 8th prox. at 11 A. M., and continuing four days.

Professor Donders, of Utrecht, will reach his 70th birthday on May 27th next. He is then required by law to send in his resignation as Professor at the University and Director of the Physiological Laboratory.

Kant says, "We may become aware indirectly that we have an idea, although we be not directly cognizant of it." How fortunate this is for some. We know some persons whom an idea would knock down, if they were directly cognizant of it.

A Number of our Eastern Exchanges have, of late, been devoting a portion of their space to the subjects of onanism and masturbation. The subject was first started in some French journals, and we expect in time to see our Western cotemporaries take up the subject with their usual vigor.

We think that the Time has come when it will be considered a judicious move, on the part of some of our

worthy contemporaries, to quietly drop from their pages, an advertisement which ad. informs us that "during the six days' session of the Ninth International Medical Congress" a daily edition of a medical journal *will* be issued.

The Obstetrical Society of Philadelphia at its meeting held March 1, ult., elected the following officers for the ensuing year:

President, Thos. M. Drysdale, M. D.; vice-presidents, Chas. H. Thomas, M. D.; J. C. DaCosta, M. D.; secretary, J. M. Baldy, M. D.; treasurer, Alfred Whelen, M. D.; curator, T. Hewson Bradford, M. D.

Dr. Thomas B. Lester, of Kansas City, was one of the few who had none but friends. Always genial, pleasant and social, he never aged in character. He passed away peacefully and left behind him universal regret and mourning at his untimely demise. Dr. Lester was well known to the profession throughout the State and his absence at the State Association meeting will be deeply felt.

A Number of Medical Journals are endeavoring to inaugurate a crusade against some of their cotemporaries, which they accuse of being published by, and in the interests of, certain manufacturing firms. Some have gone so far as to imply that the writers of articles in these publications are frequently induced to recommend articles manufactured by the backers of the respective journals.

Cazeneuve, the renowned French chemist and experimenter, has just met with an accident which threatens to cost him the sight of one or both eyes. While he was engaged in an analysis in the laboratory of the Paris Faculty a glass tube exploded and quite a large fragment was driven into his left eye. At latest accounts the gravest results are anticipated. Let us hope for the benefit of science that the expectations will happily be disappointed. Cazeneuve is one of the greatest of living French scientists, and the world cannot afford to lose even a part of his usefulness.

A Health Report is perhaps the last place that we would examine in the hope of finding a joke. The *Pacific Medical and Surgical Journal* and *Western Lancet* in an editorial review of the city health report of San Francisco, for January, says: "While upon the subject of the Health Report we should like to ask how it comes to pass that alcoholism is placed under the head of zymotic diseases. Is it placed there as a joke because zymotic is derived from a Greek word meaning fermentation? Is it because fermented liquors produce this disease?" Echo answers, why?

Meetings of State Medical Associations.—The following State Medical Associations will meet in April at the places named:

Alabama, in Montgomery.....	April 11.
Arkansas, in Fort Smith.....	" 25.
California, in San Francisco.....	" 21.
Georgia, in Rome.....	" 18.
Louisiana, in Monroe.....	" 21.
Mississippi, in Jackson.....	" 18.
Missouri, in Kansas City.....	" 17.
South Carolina, in Columbia.....	" 14.
Texas, in Galveston.....	" 24.

A Shot-gun Prescription.—Capt. C. N. B. Macauley, Medical Corps, U. S. A., sends the following prescription to the *New York Medical Record*, stating that it emanated from a physician in a large Michigan town, and was intended as a remedy for secondary syphilis:

R Iod. potassa.....	℥ss.
Hydr. iod. rub.....	grs. x.
Aquæ pura.....	℥viij.
Fl. ext. poke root.....	℥i.
" " stillingia.....	℥i.
" " burdock.....	℥iiss.
" " gold seal.....	℥ij.
" " podophylli pellets.....	℥i.
Spts.....	℥iij.

Syrupi to fill one pint. M. Sig. One teaspoonful three times daily. Dr. —

Unfortunately Dr. — was not a good shot, and he missed his mark.

Procuring Chemicals under Difficulties.—Not long since Prof. Le Fort recommended, in a certain disorder, the use of yellow, fuming mono-hydrated nitric acid, "such as can be found in all drug and chemist's stores" as he expressed it. A distinguished practitioner of the provinces wrote as follows to the *Gazette des Hôpitaux* in reference to this subject:

"Some days ago wishing to use the yellow, fuming, mono-hydrated nitric acid, I applied to my druggist for the same. He informed me that he had none. I then requested him to send for a small amount—ten grammes—in a vial with a ground stopper. Yesterday, he had not received the nitric acid, but instead the following note from the Pharmacie Centrale of France:

"According to the police regulations governing railroads, monohydrated nitric acid cannot be carried except in a special armor-plated car furnished by the sender; on this account your order cannot be filled.

Imagine my poor ten-gramme vial of nitric acid in an armor-plated car!"

Of course it is always flattering for the editors of medical and scientific journals in the wild and howling wildernesses of the "West" to have their matter appropriated and converted into editorials by the medical journals of the great, civilized and enlightened cities of the "East;" and it looks unreasonable when one of the gentlemen who have thus been flattered and honored complains that the small matter of credit is ignored. At the risk of appearing ungrateful, however, we think that the *New York Medical Record* might have given us credit for more than one little sentence of the article on Karyokinesis which it recently appropriated. It would have looked better had it have left out all allusion to the origin of the paper—just as grand larceny is always more respectable than petty thievery of any sort.

Congress of American Physicians and Surgeons.—This Congress will hold its first meeting in Washington, D. C., September 18, 19 and 20, 1888. The following are its officers:

President, John S. Billings, M. D., U. S. A.; vice-presidents, ex-officio, president of the *American Surgical Association*, D. Hayes Agnew, M. D., Philadelphia, Pa.; president of the *American Association of Genito Urinary Surgeons*, Edward L. Keyes, M. D., New York; president of the *American Laryngological Association*, Rufus P. Lincoln, M. D., New York; president of the *American Clymatological Association*, Alfred L. Loomis, M. D., New York; president of the *Association of American Physicians*, William H. Draper, M. D., New York; president of the *American Otological Society*, Jonathan S. Prout, M. D., Brooklyn, N. Y.; president of the *American Ophthalmological Society*, William F. Norris, M. D., Philadelphia; president of the *American Neurological Association*, James J. Putnam, M. D., Boston, Mass.; president of the *American Dermatological Association*, I. E. Atkinson, M. D., Baltimore, Md.; president of the *American Physiological Society*, Henry P. Bowditch, M. D., Boston, Mass.; president of the *American Orthopædic Association*, Newton M. Shaffer, M. D., New York; chairman of the Executive Committee, William Pepper, M. D., Philadelphia, Pa.; treasurer, D. B. St. John Roosa, M. D., New York; secretary, William H. Carmalt, M. D., New Haven, Conn.

Calcareous Incrustation within the Thorax.—Dr. Armancio de Carvalho was called as an expert, says *O Brazil Medico*, to make an autopsy on a man who had died at the Portuguese Charity Hospital, and on whose body certain grave traumatism had been found. "On opening the thorax, on the middle third of the right cavity a hard substance was encountered and was dissected away from the surface to which it adhered very closely. On examination it was found

to consist of a hard crust some two and a half inches in diameter and about one-fifth of an inch thick. It was at first, from macroscopical appearances, thought to be of an osseous nature, but upon being brought under the microscope it was shown to be a piece of conjunctive tissue, analogous to that of the cornea—with the characteristic disposition of the structures of the false membranes of the serosities. The tissue was so completely infiltrated with calcareous salts that it amounted to a veritable petrification. The corresponding lung was a true hæmorrhagic focus, impossible to examine with the microscope. One can scarcely guess at causes which could produce such changes during life. Our readers will remember a case reported in this JOURNAL two or three years ago wherein the surface of the diaphragm, liver and other organs was studded so thickly with crystals of triple phosphate that it was impossible to cut any of these organs or tissues without ruining the section knife. The diaphragm contained many crystals over an eighth of an inch in length, and they were disposed not merely on the surface but within the substance itself. Those in the liver were confined almost, but not quite, entirely to the surface, though some were found three-fourths of an inch below the surface.

A Proposed Change in the Drachm-mark. — Dr. C. W. Taylor, of the *Medical World* of Philadelphia, proposes to substitute for the drachm mark (\mathfrak{z}) now in use, and which has always been objectionable on account of its close resemblance to the ounce mark (\mathfrak{z}) when written, as is usually the case by physicians, *currente calamo*, a mark similar to or identical with the Greek delta (Δ). The advisability of such a change has no doubt often presented itself to every practitioner, but a case which has recently come up in the courts of this city emphasizes the necessity of it, in a very forcible manner. The case in question is a curious and very serious dispute—one which, as remarked by the *National Druggist* whose account thereof we borrow, is likely to lead to protracted litigation and much bad blood—which has sprung up between Dr. Joel J. Parker and Mr. F. Sohn, the popular druggist of Easton and Grand avenues. It has been pending several months—since last June in fact, when Dr. Parker gave a patient a prescription calling for a certain amount of chloral in solution. The prescription was compounded by Mr. Sohn and filed. When the patient took the first dose of the medicine he immediately developed symptoms of acute chloral intoxication, and summoned Dr. Parker, who had considerable difficulty in saving his life. After recovery, the patient refused to pay the bill of the doctor, on the ground that the latter had made a mistake in writing the amount of chloral. The doctor waited awhile and then brought suit against Mr.

Sohn for the bill, on the ground that the druggist had erred in putting up the medicine ordered, and claiming that where he had ordered 1 dram Mr. Sohn had put up 1 ounce of the hypnotic. Mr. Sohn produced the original prescription when the case came up for trial before Justice Cronin, on March 14, and showed that it called for "1 ounce" and not "1 dram," (3j—not ʒj). The doctor now claims that the prescription has been tampered with. The justice withholds his opinion until the document can be investigated by experts. In the meantime, it is a very pretty quarrel as it is, and likely to develop into a serious and expensive litigation, even if it does not involve a criminal prosecution for forgery.

Social Medical Matters.

Dr. A. C. Bernays, of this city, left for Europe Tuesday March 20th ult. While abroad the doctor has kindly consented to write letters to the JOURNAL on topics of general interest to the profession.

Dr. Perkins, Senior Assistant Physician of the City Hospital has been assigned to Quarantine Hospital, to have charge of the case of leprosy and the small-pox patients who at present confined there.

During the past month the nominations of the candidates for positions as assistant physicians at the City Hospital took place. The members of the Board of Health have been manfully struggling with the manuscript of the candidates.

Small Pox is unfortunately again in our city, after an absence of over two years. There are eight cases in all at the Small-Pox Hospital, six miles south of town. The case of leprosy spoken of elsewhere, was also sent to this institution.

The St. Louis Medical Society was obliged, for a time, to hold its meetings at the Mercantile Club owing to the repairs which were being made at the Polytechnic Building. The Society very appropriately returned thanks to the Club for its kindness, and has resumed its sessions in the old hall.

A Question which has been asked of us by parties interested is, as to whether a physician loses ground with his fellow-practitioners if he becomes the proprietor of a drug store? In other words, will he lose their prescription trade and will they direct it into other channels, on account of his being actively engaged in the practice of medicine besides keeping a drug store?

City Hospital Assistants.—The following are the successful applicants for the position of assistant physician at the City Hospital: Drs. C. F. Hersman, F. R. Smiley, F. Walter, G. Sluder, W. C. Mardorf, L. L. Papin, W. P. Rowland, and H. Wells. They enter upon the performance of their duties on April 1.

Jail Hospital.—Dr. Warren Priest, the dispensary physician, has been urging upon the Jail authorities the necessity of establishing a hospital in the jail proper. In the upper tier of cells, two large cells could be made into one and four beds could be placed in this improvised ward. The prisoners would be safe and, at the same time, would have better accommodations than they now have in a cell. It is frequently impossible to transfer prisoners to the City Hospital either on account of the severity of the disease or for fear that the prisoner will escape. Dr. Priest's suggestion is an excellent one and should be carried out.

An Unique Order.—One of our local instrument makers received the following order lately, which we reproduce *verbatim et literatim*: "MR. ———, DEAR SIR Seeing yor Advertisement Wher you Manufactors Ruber instruments Now I Want one instrument made and this is it, I am going to Marry and my Penice is shot off som time Back I want to no if you can make me one in this Shape Say 8 inches long and 6 inches in the hollor so my stub will go it, now the stub is in this which I Wil send on a piece of Paper, Now, if you can Make Me One Pleas let me no by Return mail. make it out of nice ruber Soft So that I can perform famly duty. this is no humbug. Please state what it wil cost me it is in shot in this Sheet which I wil Mark on this Slip. Yors Truly _____"

The drinking water of this city is yet in a miserable condition, but it is a great improvement upon the villainous stuff which we were compelled to use during the latter part of February and the first three weeks of March. On the second ultimo, it was quite impossible to see through a stratum of the water one half inch deep, two hours after it was drawn from the hydrant. The fluid presented two characteristics not usual with the drinking water of the city, viz: a slowness in clarification amounting to almost an entire refusal to settle, in despite of which, after settling, the amount of deposit was comparatively trifling. Both of these phenomena are due to the same cause, viz.: the exceedingly minute subdivision of the suspended matter. The latter was entirely mineral, contrary to the assertions of some local wisacres, who ascribed the condition to a large admixture of vegetable matter. After allowing a test-tube full of it to settle for two

hours, to get rid of the grosser matter, a drop of the fluid was evaporated, by the writer, on a slip, and examined under an amplification of about 300 diameters. The detritus was found to consist of sand and mud in a state of subdivision so minute that scarcely a fragment could be found, larger than a human blood corpuscle. The water clarified to a large extent in a few hours, on the use of the persulphate of iron and carbonate of sodium precipitator mentioned in the JOURNAL some months ago. To clarify one gallon add persulphate of iron (in solution) from 5 to 7½ grains. Stir the fluid well and then add sodium bicarbonate in solution, 7½ to 10 grains. Stir and let stand. If this is done on retiring, by morning a reasonably clear fluid is the result. The iron and sodium carbonate do not injure the taste of the water, or make it otherwise unfit for use.

An Inhuman Act. The daily secular journals of our city for March 17 and 18, contained details of a piece of inhumanity charged to a constable acting under orders of a practising physician, which are almost incredible, and which we would be delighted, for the honor of our profession, could we deny. Briefly stated, the case is as follows: A poor woman named Roberts, with three little children, living in Carondelet, was treated by Dr. Hornsby. She gave the latter all the money that she had—\$20, and proposed to go to Little Rock, to join her husband who had sent for her and the children. Not satisfied with the fee, the doctor went before Justice Meegan and swore out an attachment for the balance of his bill, some \$13, and the warrant was put into the hands of a constable, who seized not only the little household effects of the poor unfortunate, but her own clothing and that of her little innocent children, turning them all (the mother *enceinte* at that!) out into the street in a storm as pitiless as the hearts of the doctor and constable. All appeals to the humanity of the man of medicine and him of the law, were in vain—not even a cap for one of the infants was released. We are glad to say that the publication of this outrage on decency and humanity brought prompt responses from charitable persons of all classes and good lawyers quickly volunteered to defend the case and bring much merited scorn, if nothing more, upon the perpetrators of the outrage. We might expect hardness of heart from a constable, whose duty it is to carry out the letter of the law, even against his better feelings; but from a physician—from one belonging to a profession which of all others is founded upon charity, it is a crime of the deepest dye, in the characterization of which no words of condemnation are too strong. When such a deed is done, every true physician feels that his own personal honor has been assailed. Fortunately the cases are so rare that we might search the records a long time before a parallel could be found.

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Original Contributions.

ORBITAL CYSTS, AND THEIR TREATMENT. BY A. D. WILLIAMS,
M. D., of St. Louis, Mo.

Cysts of the orbit are not infrequent and their treatment is extremely tedious and aggravating to both patient and physician. The past few years I have treated three cases of orbital cysts; two of which were unusually large; the other of medium size.

Perfect drainage in the treatment of all cysts is the absolutely essential thing; without it no progress can be made. All success depends upon keeping the cyst cavity continuously and freely open, so that it can be both easily washed out and properly and effectually medicated. The method I have adopted in the cases which I have treated, for the purpose of perfect drainage and easy medication was original with me and it answered the purpose most admirably. No adequate idea of the proper treatment of orbital cysts can be obtained from the books; they are all painfully silent, or nearly so, on the subject. In order to show what I consider the proper treatment in these painful and even dangerous cystic conditions, I report the cases alluded to, very briefly:

Case I.—A boy of 10 years had scarlet fever badly. During convalescence an abscess developed between the ball and inner wall of the orbit. This was lanced and ran very freely, but was allowed to close up at once. Several months afterwards a fullness was noticed where the abscess had developed, and slowly increased for several years but caused the boy no serious trouble. At the end of about 10 years the fullness suddenly began to increase rapidly; became very painful, the eyeball being pushed far forwards and against the outer wall

of the orbit. When I first saw the case the eye was pushed nearly out of its socket, but the vision was not disturbed. The suffering was great and the condition threatened destruction of the ball, at least and something had to be done at once. Upwards and inwards, between the ball and orbital margin, was a protruding swelling where fluctuation could be easily felt. The diagnosis being a cyst of the orbit I made a



Fig. 30. Orbital Cyst. *t*, tube in position.

free incision into the fluctuating prominence. Passing my finger in I was greatly surprised to find that I could reach the apex of the orbit and feel the sphenoidal fissure and optic foramen, proving that the cyst occupied the entire orbit, the optic nerve and recti muscles being pressed against its outer wall.

With a syringe I washed out about a half teacupful of white albuminous material, there being very little, if any, pus. The cyst walls were perfectly smooth and looked like serous membranes.

How to keep the cyst permanently open was the question I had to solve. After trying several expedients I finally settled upon a common lead tube with a caliber of a little less than a quarter of an inch. With a knife I trimmed its walls down till they were very thin, so as to get rid of the unnecessary weight. Its length was about $\frac{3}{4}$ inch. On the outer end I formed a flange sufficient to prevent the tube from slipping

into the cavity. At the extreme inner end I left the tube walls thick, tapering them nicely both ways, taking pains to make the entire surface of the tube as smooth as possible.



Fig. 31. Drainage Tube, full size.

Being thus prepared, I simply slipped the inner (thicker) end of the tube through the opening into the cavity of the cyst. The flange on the outer end prevented it from slipping inward, while the inner, thicker end kept it from slipping out. The flesh, contracting around the smaller body, held it nicely in place. The accompanying cuts will illustrate the instrument and the mode of its application.

After I inserted the tube in this manner I never had any further trouble to keep the cyst open, and thus secured perfect drainage and a means of easy medication. Through the tube I could wash the cyst out and introduce all necessary medication. The tube remained in till the cavity was practically closed up, over twelve months. During the treatment I used various irritants, the chief of which was pure tincture of iodine. Escharotics in such cases are not admissible, because they are likely to denude the bones and destroy the necessary structures of the orbit, the optic nerve and recti muscles, etc. The cyst gradually contracted and finally closed up entirely. The eye went back into its normal position as the cyst disappeared. There is perfect vision and perfect movements of the ball. The young man has now been at work for several years.

Case II.—A German woman of middle age first noticed a fullness which appeared between the eyeball and the upper inner margin of the bony orbit, without any ascertainable cause whatever. This fullness slowly increased for several years. Later, periodic attacks of acute inflammation, pain and swelling would suddenly come on, without apparent cause, and pass away in a few days. Finally, the swelling rapidly increased, pushing the eye far forwards and outwards against the outer wall of the bony orbit. When I first saw the case about three years since, the eye was pushed forwards, outwards and downwards to such an extent that the ball was almost

out of its socket. The vision was still good. The pain had become so great and constant that something had to be done to stop the suffering; besides, the eye was in danger of destruction.



Fig. 32. Diagrammatic view of tube *in situ*. *c. f.*, cystic fluid; *t*, tube; *b*, eye-ball.

Between the eyeball and the upper inner margin of the orbit was a large rounded protrusion, looking as though a tumor were pressing the ball out from behind. The protrusion was soft, and fluctuation could be easily and distinctly felt. *Cyst of the orbit* was at once diagnosed.

I made a free incision into the swelling and washed out of the cyst something less than half teacupful of purulent and albuminous material, similar to that which came out in the first case. Then with the finger I could reach the apex, as in the first case, showing that the cyst cavity filled up the entire orbit, the optic nerve and recti muscles being pushed over against its outer wall. As soon as the incision had sufficiently contracted, I pushed a lead tube, prepared as in first case, into the opening and allowed it to remain there. The flesh contracted around it and held it nicely in place.

By means of the tube I secured perfect drainage and easy access to the cavity for the purpose of medication.

As in the first case, I resorted to the use of various irritants, using pure tincture of iodine mostly. I found that tartar emetic in substance makes a desirable and efficient irritant in such cases. I repeat again that escharotics are not admissible in the treatment, as they denude the bones and destroy other essential structures in the orbit. Only *superficial* irritants must be used.

This woman wore the tube about two years, but half of that time she was not under treatment at all. It requires

ordinarily not less than twelve months to make a large cyst of the orbit close up. To be successful in that space of time the treatment must be constant and energetic.

When I removed the tube the past summer, there was a small cavity under the upper inner edge of the orbit, about as large as a pea. Suppuration and other secretions had about ceased. The cavity remains open and practically causes no trouble. It is only a question of time till it closes entirely. The patient now washes and treats herself at home.

Case III.—A young man, six years ago, while walking in the dark, butted his head against a tree; striking against the upper inner edge of the bony orbit. Some swelling and soreness followed but soon subsided. After several months a fulness was noticed under the edge of the orbital bone at point of injury. This slowly increased till in the course of a few years quite a protrusion had formed, but was never painful to amount to any thing. His physician punctured the swelling and a fistulous opening followed, constantly running. A quack got hold of the boy, pronounced it a *cancer*, applied escharotics and destroyed the inner end of upper lid, causing permanent deformity, which possibly may be relieved in future by plastic operation.

Last fall I made a free incision, and in following up the fistula, expecting to find dead or carious bone, was surprised to find a cavity under the upper inner edge of the orbit larger than a quail's egg, filled mostly with fibrinous shreds; but there was no disease of bone.

Evidently at the time of injury hæmorrhage had taken place and a clot had formed. Gradually a cyst had developed around the clot, from which latterly pus was secreted.

I inserted the lead tube, as above described, which he wears without any trouble. The young man is treating himself at home and at the same time going to school. In four weeks' time the cavity had diminished about one-half, when I last saw him. I will have him wear the tube until the cavity is well closed up.

The prognosis in these cases is good, provided perfect and continuous drainage is maintained and the cyst cavity is faithfully and patiently treated. The result justifies the trouble.

A CASE OF INDIGENOUS LEPROSY.* By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

A few years ago the number of cases of leprosy existing in the United States was very small. All those afflicted with this disease were known and carefully catalogued. The large influx of immigrants to this country has contributed to increase the number of those suffering from leprosy, to such an extent that it would be a difficult task to establish a correct census at this day. While the majority of cases are imported a few indigenous cases are occasionally seen in localities that are widely separated from each other, and in which neither the climatic, social nor hygienic conditions are at all alike. The case which I propose to report is one of these sporadic cases, observed in St. Louis and the first case of the disease occurring in the State of Missouri. The clinical and family history of the case is, in brief, as follows:

Mrs. C. S——, 25 years of age, married and multipara stated that she was an American, born in Mississippi. Her grandparents were born in this country and died old. She had never learned of their having any constitutional disease. Her father was living and in good health. His age at the time (1887) was 65. He was stout in build and promised to live many more years. Her mother was dead. Pneumonia was the cause of her death which occurred at the age of 42. She had always been a healthy woman. Mrs. S—— had four sisters and one brother. The brother had died of diphtheria. Of the sisters two were living, one being in good health. One had died in parturition; but what the immediate cause of death was, she could not say. The other sister died of a cause with which she was unacquainted. The living sister, not in good health, was insane, her affection being melancholia.

The patient's personal history was about as follows: During childhood she had always been healthy. She continued so during puberty. She first menstruated at the age of 16 the process being normal. It continued to remain so. She was married in 1881, at the age of 19. When she was 20 years old she bore a child, the labor being normal. This child died soon after its birth, of cholera infantum. At the age of 23, she had another child, a girl, which is still living. This

* Read before the Missouri State Medical Association, April, 1888.

child is two years old and has always been healthy. She appears well-nourished, and the only disease she ever suffered from was varicella at the age of one year, and chills and fever a few times.

Mrs. S—— stated furthermore that she was stout when a girl and had always been healthy. When an infant she had measles and once again at the age of six years. She also had varioloid when a child.

After she had borne her first child she had no lochia, but three months later she "swelled" and white "lumps" like hives appeared on her skin. The localities attacked were the hands, face, ears and trunk.

When questioned as to any previous eruptions she stated that in the spring of 1882 she had an attack which made her swell all over. She was bed-ridden for nearly six months and that during this time her menstruation had ceased. She was nursing her child a part of this time. In 1883, 1884, 1885 and 1886, she had similar attacks, each one of which lasted an average of three weeks.

In the early part of April, 1887, I was called to see Mrs. S—— by Dr. H. F. Hendrix, of St. Louis. When I arrived at the house I found the patient in a high fever, the extremities somewhat cedematous, as also the face, and the entire body covered by an eruption which somewhat simulated erythema multiforme. The face presented a very peculiar appearance which was exaggerated by the cedema which was present. The eruption consisted of large patches of circular contour and of variegated colors, but a brown color predominating. There was some headache. Burning and itching of the skin, together with more or less hyperæsthesia of the lesions, existed to a marked degree at times and at others it was not nearly so severe. The itching was easily relieved by scratching. The administration of quinine internally and of a soothing ointment externally relieved the patient in a few days and cut short an attack which usually lasted between two and three weeks.

A few days later she called to my office and gave me the history which I have detailed above and afforded me some information concerning her condition. The woman was 5 feet 3 inches in height, weighed 125 pounds and had brown eyes and brown hair, the latter being in profusion. Her general

appearance was that of slight emaciation. She stated that her general health was good once more, her appetite fair and that she slept well. Her menstruation had been normal and was still so. The object of her call was to consult me concerning her face.

The following were the objective symptoms which she presented: The skin of the face was normal in color. It felt velvety and rather dry. It was considerably thickened, especially about the lobes of the ears. The nose was broader than normal, and a number of thick folds existed. The upper



Fig. 33. Mrs. S—, ætat. 19.

lip was considerably thickened. (See Figs. 33 and 34.) The hands and feet were also involved in a similar manner, the body and limbs being apparently normal; at least, the skin presented nothing abnormal in appearance.

The patient stated that since her marriage or rather after the first attack which she experienced, she became "nervous," a condition which had never existed previously. She had, since then, nervous spells at and during her menstrual periods. I saw her in that state and it appeared to me to be hysterical in nature. Besides this, anæsthesia was present. The face, neck, ears and a portion of the scalp were anæsthetic. I tested this by driving in a needle and the patient did not even know that anything was being done. In addition to this the

entire area supplied by each ulnar nerve was anæsthetic as well as the dorsum of each foot. This condition had existed since 1883; but was not so pronounced at that time. I learned that the woman, in attending to her household duties, often burned her hands severely, but she was never conscious of the fact save objectively. When she saw the burn, she would then recognize the fact.

I instituted some local treatment and expected to give Unna's treatment of leprosy a trial, as I had fully made up my mind that it was a case of this character. I saw her



Fig. 34. Mrs. S—, ætat. 25.

occasionally at the office until after an absence of about two weeks I was called to see her on June 26th. She was once more in bed suffering from slight fever and diarrhœa. On the 29th she died. The diarrhœa was of that uncontrollable form occurring in the course of leprosy and which so often causes death in such cases. Although I tried my utmost I was unable to obtain a post-mortem examination.

During the entire illness of this patient I was careful to recommend more or less isolation. Her child and her husband were not to sleep in the same bed nor were her dejecta,

clothing or bed-clothing to be handled before thorough disinfection by means of a one to a thousand solution of corrosive sublimate. This measure I adopted in view of the prevailing idea, among a large number of physicians, who claim that leprosy is a contagious disease, a claim which has never been successfully established and which is based upon data which are entirely insufficient.

The question as to whether leprosy is contagious is one of great importance and one upon which much has been written. That the arguments derived from clinical observation alone have not been satisfactory is fully evidenced by the fact that neither side of the question has yet made converts to the views of the other. Personally I do not regard leprosy contagious, any more so than syphilis or phthisis and on account of the same reasons.

On the other hand there is no doubt, whatever, that it is an infectious disease; that it is inoculable and that its effects are almost sure to follow an inoculation, that is properly made.

The labors of the pathologists of late years have demonstrated most conclusively that leprosy is a disease dependent upon a micro-organism. This organism is the bacillus of leprosy and, unless it be introduced in the human organism, leprosy will not be produced. Now, for this purpose, two conditions are necessary. In the first place, the leper must have some solution of continuity of texture present in order to give free outlet to the bacilli as these organisms are situated in the tissues. In the second place, the individual who is to be the subject of leprosy must have some solution of continuity of tissues in order to admit the bacilli, otherwise he cannot acquire the disease. This being the case, it is not difficult to understand how the disease may have been transmitted in some cases and not in others. But to argue that it is contagious and to such a degree as to require isolation, is not logical, if we carefully examine the premises. That the isolation of lepers practically stamped out the disease in Europe is true; and that where it is endemic such measures should be pursued is equally true. But, in isolated cases, all that is necessary is to exercise a careful supervision and to give full directions to those surrounding the patient, in regard

to contact and proper disinfection. Moreover, in my mind, there is never any danger until ulceration or some other similar feature appears.

In the case which I have detailed above, the patient had burned her hand a number of times previous to my seeing her, and the ulcers which resulted might have proven foci of infection but apparently did not do so. I saw but one burn of this character and it healed kindly under the application of a corrosive sublimate dressing, which the patient was particularly enjoined to burn at each new application, the secretions to be removed by means of dry cotton and this immediately burned.

Although I took these precautions I did not entertain any hopes of averting inoculation, except in regard to the future. The patient had the disease for several years; it had remained unrecognized for so long a time that the chances of inoculating others had existed. But when we consider the probabilities in favor of this, they almost sink to *nil*. I entertain no fear that either her household or her child will ever show the presence of leprosy in their organisms.

These two have disappeared from St. Louis and I have been unable to trace them to their new home. I will, however, prosecute my search in order to have them kept under observation. Should they develop any traces of leprosy, they should be carefully watched, in order to prevent any further inoculation.

Is leprosy on the increase in this country? It is evidently not. There are a number of imported cases of leprosy in this country, but the sporadic ones are few and far between. The leper community of Louisiana is almost a thing of the past and the disease in general does not seem to be obtaining any foothold in the United States.

One of the problems in connection with my case was, how did she contract the disease?

The most careful questioning, the most rigid cross examination did not elicit any fact pointing to her having come in contact with any person affected with the disease, or of her having handled any clothing belonging to a leper. She had not traveled in any locality where lepers are known to abide. It could hardly be possible that the disease should have arisen *de novo*; so that, in the absence of better evidence upon this point, the question must be left in abeyance.

CLUB-FOOT. BY DAVID PRINCE, M. D., of Jacksonville, Ills.

I.

It will be borne in mind, that in most cases there is a doubling of the foot at the waist, or at the joining of the calcaneum with the cuboid bone on the outside of the foot, and of the astragalus with the scaphoid, and through this medium with the cuneiform bones on the upper and inside. This arching of the instep becomes firm by means of shortening of the ligaments on the plantar surface, by which these bones are held together.



Fig. 35. From Little.

(Fig. 35 illustrates this condition.) They are entirely beyond the reach of any cutting instrument, unless an open dissection is made, and they are too strong to be torn by any sudden force which can be applied by the hand.

The indication is to apply force to the plantar surface of the metatarsal bones. The tibia is the fulcrum of this lever and the shortened tendo-achillis is the resistance.

As one of the objects to be accomplished is the straightening of the crooked lever (the foot being the lever) it is important that there should be a pretty firm resistance at the heel. Any diminution of the force with which the tendo-achillis resists the pressure upon the metatarsus, by so far diminishes the only means by which the surgeon accomplishes the straightening of the foot. The division of the tendo-achillis is therefore worse than useless, unless there is an absence of the usual curvature at the waist of the foot. The high instep which is often seen after the treatment of talipes-equinus by division of this tendon, is thus accounted for. Hereafter, with the general abandonment of this treatment by tenotomy, a more natural shape of the instep will be secured by the time the heel is brought down. We are now

ready to appreciate the principle which should control the construction of the apparatus. It is simply that of a lever.

Fig. 36 represents one of the forms which the lever may be made to assume in the treatment of talipes equinus. While the apparatus is attached to the sole of a shoe so as to bring the pressure under the metatarsal bones, a strap passes over the waist of the foot which throws the upper end of the apparatus forward of the leg. The upper end is thus drawn back by means of a strap passing behind the leg. A very powerful

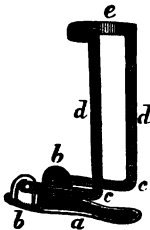


Fig. 36.

traction upon the tendo-achillis is thus obtained without interfering with the locomotion of the patient. Indeed, the motion incident to walking is an advantage, as the ligaments and tendons yield more readily to a tension which is constantly varying, than to a steady pull. The reason of this is, that a much greater tension can be endured for the moment, followed by a partial or complete rest, than where it is continuous.

- a. The sole of a shoe. The upper part to be imagined.
- bb. A flat, thin plate of iron, attached to the sole. The turned up ends of this plate are perforated for a joint.
- cc. The angle of a metallic strap, the horizontal part of which is parallel with the sole and the vertical part of the leg.
- dd. The vertical portion of the strap. This is a lever with fulcrum at c. The resistance being at b, while the power is applied around the leg.
- e. The metallic bow which connects the two parallel levers at the top. A leather strap passes across the instep and has its attachment at cc.

The cut (Fig. 36.) represents an easy method of meeting the mechanical indication which has just been considered. It is the skeleton, only, of an apparatus. Neither the leather fastenings nor the enclosed foot are shown. The imagination can see them.

The treatment of talipes varus, without the use of any cutting instrument, is practicable in almost all cases, if undertaken before the period of walking.

The parts are yielding and the metamorphosis of tissue is very rapid. The new growth in the progress of treatment is in the forced direction, in verification of the maxim: "As the twig is bent the tree is inclined." It is a question of time, and as soon as the progress is at such a stage that the act of walking comes in the ordinary development of growth, the exercise of the natural function of the organ tends to confirm and complete the restoration.

If one, with his hands, takes hold of a foot congenitally deformed, while the foot is yielding (as it is before it becomes stiffened in walking) he can go a great way toward restoring the foot to its natural form. The problem is to adapt appliances to imitate the action of the hand—something that will not get tired, but will tire out the elastic resistance of the muscles, the tendons and the connective tissue.

No satisfactory shoe has yet been contrived. It is to be remembered that the parts will not endure long continued pressure, and a shoe will press every day on the same place.

A person confined to the same position while undergoing treatment for fracture of a bone, without careful attention to the necessary changes of places of greatest pressure upon the surface, gets a bed sore.

The deformed foot, confined in a shoe which is made to press every day upon the same part with sufficient force to alter its shape, is under the same necessity for a change in the places of the greatest pressure; otherwise there comes a sore corresponding to a bed sore.

The pressure can be intermitted by the temporary removal of the shoe; but on reapplying it, the pressure comes back upon the same surfaces. On the other hand, some extemporized appliance, which is not removed and reapplied as a whole, but in parts, making its greatest pressure in a little different place with each application, gives the parts subjected to the greatest pressure one day, an opportunity to rest the next, on the change of the dressing and the consequent variation of pressure. In talipes varus and equino-varus there are two principal points to be approximated, viz: Some point on the outer, or outer and front part of the leg just below the knee, and the other point upon the outer surface of the foot over the metatarsal bone of the little toe. This is ordinarily most easily accomplished by binding to the leg, by means of strips of adhesive plaster, a piece of tin having two hooks. There should be (Fig. 37.) more than one hook, in order to vary the point of application without the removal of the tin. For the application of the foot, the best plan is to bind to the sole of the foot some light shield of leather, gutta-percha or tin, in order to distribute the pressure and avoid uncomfortable pressure on a small surface. This shield of tin or other substance should have an eye or lug situated on

the outside of the metatarsal bone of the little toe, for the attachment of a cord which is to extend to one of the hooks on the tin shield attached to the leg. In this cord, acting as an extending brace between the distal part of the tarsus end and the proximal part of the leg, there should be intercalated some elastic material in order to secure a perpetual moderate extension (See Fig. 37). The apparatus illustrated in Fig. 37 is applicable to talipes equinus or to talipes varus, after the deformity has been nearly or quite removed. For talipes equino-varus, constituting the greater portion of the cases of congenital club foot, it is necessary to have some appliance which shall roll the foot at the same time that the heel is brought down. The places of pressure with each removal and replacement of dressing, will be a little different, so that parts pressed too much one day, will be pressed a little less the next.



Fig. 37.

The tin under the sole of the foot is seen to be held by strips of plaster.

The tin upon the outer side of the leg is seen to be held in the same way.

The elastic cord approximates the outer part of the foot toward the outer part of the leg, performing the functions of the peroneus longus and the peroneus tertius.

Any apparatus which acts like the hand renders unnecessary the division of any other tendon than that of the heel.

The most yielding parts soon elongate, so that the whole force comes upon the parts more unyielding—chiefly the short ligaments which bind the bones of the tarsus and those of the ankle together. It greatly hastens the progress of cure to give the little patient ether, and with the hand of the operator to rupture these most resisting ligaments and condensed layers of bundles of connective tissue. Then, in a few days, a point of no progress will again be seen to have been reached, when another etherization should be practiced and another set of resisting parts ruptured by the force of hand. The resisting parts will usually tear with a vibration felt by the hand, and with a cracking sound. A very small amount of irritation follows this apparently harsh treatment, if only the foot is kept for a time immovable, by dressings

that do not produce tension of any part. The first dressing after this stretching should not be elastic. It should be easy, but immovable, for a day or two, when the elastic tension may again be resorted to, but it should never be to such a degree as to be uncomfortable.

There is hardly any deformity, unless attended by active spastic or irritative contraction, having its origin in the central nervous system, which cannot be changed slowly by the careful application of moderate force during a sufficiently long period.

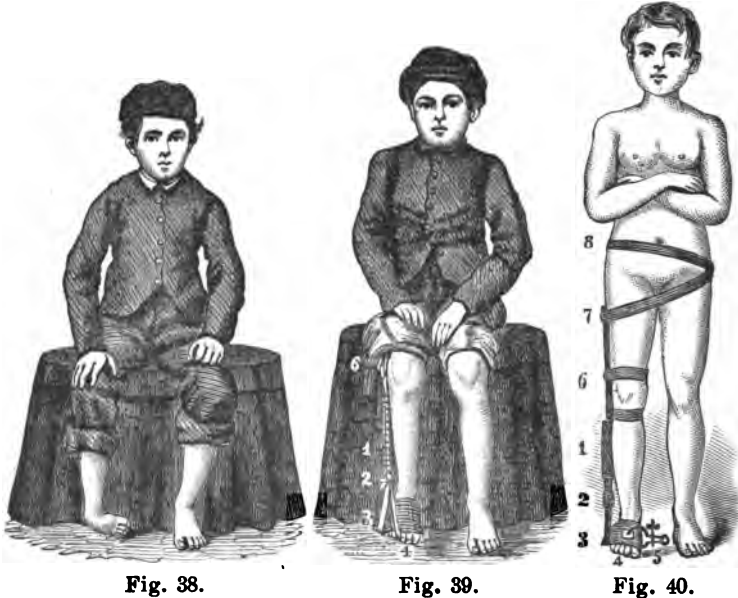


Fig. 38.

Fig. 39.

Fig. 40.

The progress of the treatment on this plan, undertaken after the beginning of the period of walking, is ordinarily so slow that it is more satisfactory to take out a triangular portion of the tarsus, unless the circumstances are such that prolonged time and attention are not attended with great inconvenience.

The three cuts above illustrate appliances and results worked out several years ago; gutta-percha being the agent employed. It was applied in the warm state and allowed to cool under the pressure of a pair of calipers.

[Concluded next month.]

Clinical Reports from Private Practice.

EXTRA UTERINE (TUBAL OR ABDOMINAL?) PREGNANCY, OF FOURTEEN MONTHS DURATION; LAPAROTOMY; DELIVERY OF DEAD FŒTUS. By WALDO BRIGGS, M. D., Professor of Clinical Surgery and Genito-Urinary Surgery Beaumont Hospital Medical College; Consulting Surgeon to City Hospital, Female Hospital, Central Hospital, etc., of St. Louis.

The patient, German, white, 25 years old, unmarried, became pregnant fifteen months ago (menstruation ceased in January, 1887). Nothing peculiar marked the earlier stages of gestation, which latter progressed in an apparently natural manner until the end of the ninth month was reached. Being unmarried and the family somewhat well to-do, when the ninth month passed without delivery, the patient and the family began to believe that the pregnancy was not real, although all the external signs were present. Toward the end of the ninth month, however, there were severe abdominal pains, which continued until the middle of the tenth month, and then first, when the sufferings became so intense that they could no longer be borne, they called in a physician, Dr. Chas. Remme.

The doctor, after a careful examination, diagnosed extra-uterine pregnancy and urged an immediate operation. At this time (toward the end of the tenth month) the beating of the foetal heart could be plainly heard. From motives which are not known, the patient and family refused even to consider an operation, and Dr. Remme's skill was taxed to its utmost to relieve the constant tormina and excruciating abdominal pains. After a few visits his services were dispensed with and the woman was sent to the Female Hospital where she remained but a short time and was brought back home, and Dr. Remme again called in. The patient, by this

time, was reduced almost to a skeleton. The foetal heart could still be heard, however, and Dr. Remme again begged for an operation, but without avail. About the 23rd of February the foetal heart ceased to beat, and with the death of the foetus there was, as usual in such cases, a temporary amelioration in the agony which the patient had endured for three months previously. She gained in strength, and finally was able to get out of bed and walk around the room—all of which made her and her family the more obstinately refuse surgical interference.

The amelioration was very short-lived, however; in a few days pains returned, and the symptoms became so urgent that the consent to call a surgeon, so long withheld, was given and, when determined upon, was eagerly looked forward to. Such were the conditions when I was called, and such in outline the history given by Dr. Remme, who had to depend upon the patient and family for all that pertained to occurrences prior to his first visit.

I saw the patient for the first time on March 30, or about fourteen months the first after signs of pregnancy appeared, and five weeks after the last click of the foetal heart was heard. She was emaciated to the last degree, only the abdomen was enormously distended. She was rational, thoroughly appreciated her situation and not only entirely willing but eager to have something done for her. There were no signs of septicæmia. Examination disclosed the uterus to be empty and normal in size and otherwise. By palpation the foetus could be felt lying in the abdominal cavity, the head apparently in the right lumbar region. It confirmed Dr. Remme's diagnosis most completely.

The patient had already been made aware of the remoteness of any probability of recovery, under the circumstances; but was eager for operation, fully understanding that the alternative was death from septicæmia or exhaustion. I therefore appointed Sunday, April 1, to operate, and at eleven o'clock on that morning proceeded to do so, in the presence of her physician, Dr. Remme, and Drs. A. C. Robinson, A. J. Steele, Hungate, R. L. Moore and S. S. Briggs.

Laparotomy was made, the initial incision, in the linea alba, extending from the navel to the pubis. On getting into the cavity, the back of the child was disclosed and by manip-

ulation the head was found in the epigastric region. The foetus was of immense size and before attempting to remove it I was compelled to extend the incision upwards almost or quite to the ensiform cartilage.

The child lay face downward among the intestines, and (except a little strip of membranous material lying across its buttocks) absolutely uncovered and loose in the abdominal cavity. The right tube was ruptured and showed that it had withstood considerable distention prior to giving way. The foetus was far advanced in decomposition, and on lifting it from its position I found portions of the intestines of a dark purple hue, the ascending colon being almost black, from pressure and consequent mortification. Of the sac the only trace which remained in the cavity was the membranous strip which covered the buttock as before stated. The peritoneum was dark and congested in patches.

The dead foetus being removed, the placenta was found to be attached to the uterus, the right broad ligament, the omentum, the intestines and the peritoneum. In the examination of the attachment there was a very slight involuntary traction upon the placenta; being partially decomposed ruptured it, and a most appalling hæmorrhage ensued; and although compression of the abdominal aorta was made almost instantly, so tremendous and sudden was the gush that not less than six-quarts of blood were lost. The remainder of the placenta was then removed.

Finding considerable hæmorrhage to continue from the omentum at the points of placental attachment, I ligated it and removed about twelve inches thereof. The cavity was then thoroughly cleansed and the wound closed under antiseptic precautions. The patient was, as may easily be supposed, very nearly spent, but rallied under hypodermic injections of brandy. After she was put to bed hiccough set in and was momentarily controlled by ether and milk. It recurred, however, again and again, and the patient succumbed ten hours after the operation.

The foetus weighed fifteen (15) pounds.

COMMENTS.

The points of interest in this case are so numerous and striking that I scarcely know to which first to call attention,

or what chiefly to dwell upon. I may be excused, however, for mentioning the following, which occur to me as especially worthy of note.

1°. To what grade of ectopic pregnancies shall this be referred? The attachment of the placenta would, if taken alone, point to the abdominal; but in contradiction to this we have the distended and ruptured tube, pointing apparently, as unmistakably to a tubal origin of the pregnancy. Here again we are confronted by the absence of any history of the phenomena usually attending rupture, viz: hæmorrhage, as evidenced by sudden, acute pain and syncope, or by intense and frequently repeated rigors, and acute peritonitis. In answer to this, it may be suggested that hæmorrhage to any extent, at the tubal rupture, may possibly have been controlled by pressure made by the foetus itself. This is merely a suggestion made in a most puzzling quandary. Again, if we assume that the pregnancy was tubal, at what period in its duration did the rupture occur? We can scarcely imagine that the intense suffering, the abdominal pains and tormina of the end of the ninth and first half of the tenth month, can be ascribed to this event. We would rather attribute them to the attempt of nature to expel the foetus, now arrived at term. The evidence of the tube itself is also against this supposition; for while it showed signs of having been greatly distended before rupture, we can scarcely conceive that it could have possibly been stretched to the extent of covering so enormous a body as that of the foetus in question.

2°. The long duration of foetal life after term had been reached and the foetus had passed through the false labor—for such I will assume the phenomena of the last part of the ninth and first part of the tenth month to have been, and which as has hitherto been claimed, invariably destroy its life. A clinical report is scarcely the place to discuss the literature of any subject, but I will say that having carefully studied that at my command, I can find in all the tables of Hecker, Keller, Kauwenberghe and others, as quoted by Charpentier (*Encyclopædia of Obstetrics and Gynæcology*, Vol. II., Pathology of Labor; cap. Extra-Uterine Pregnancies; pp. 351–381, *passim*), I find no mention of a similar phenomenon. Five months after term had been reached, and four and a half months after the last of the series of pains

which I ascribe (rightfully or not) to efforts at parturition, we find the foetal heart still beating!

3°. Not less remarkable is the period of time which elapsed between the day when the last audible click of that heart was heard by Dr. Remme and the day of operation, without development of septicæmia in the mother. This, *of itself*, is certainly not remarkable,—since the usual course of these cases, where death does not occur at the period of rupture of the tube (in tubal pregnancies), or of the false labor (from exhaustion and internal hæmorrhage), or shortly thereafter (from septicæmia), is that the foetus becomes encysted and passes over into what Kauwenberghe calls an “*ancient pregnancy*.” But here we have a foetus, stripped of the sac or other protecting membranes, and of the immense weight of fifteen pounds, lying loosely among the intestines for five weeks. Putrefaction had evidently set up some time previously to the operation; the intestines were bruised and mortification had commenced, and yet the only apparent effects, of which we have any history up to the moment of operation, were a difficulty in defecation and in holding the urine.

4°. The caution, given by all who have written upon the subject, in regard to non-interference with the placenta, and which was in my mind when I took hold of the cord, is powerfully accentuated here. It is true that the caution applies to a very different class of circumstances from those with which we were then dealing, viz: to those cases where the foetus is still living; but the dreadful hæmorrhage which ensued upon its rupture, in this instance, only shows the wisdom of the caution under *all* circumstances. Of course, no one will for a moment believe that this hæmorrhage had the slightest result upon the ultimate outcome of the case, so far as the possibility of recovery of the patient is concerned, though she might and would, probably, have lived a few hours, or even days, longer had it not occurred—this is all that we can say.

In conclusion, I think that I may say that the case, take it all-in-all, is one of the most remarkable in the annals of surgery and obstetrics, and I shall never cease to regret that I, or some other surgeon competent to do so, had not been allowed to operate at the earliest moment that tubal pregnancy was diagnosed by Dr. Remme, or at least before the death of the foetus.

MALARIAL FEVERS IN NICARAGUA, C. A. By WILL. F. THORNTON, M. D., of Bluefields, M. R., Nicaragua, C. A.

My only excuse for adding to the already voluminous literature of malarial fevers, since I do not intend to set up any new theory as to its cause, or any radical change in its treatment, is to correct some mistaken ideas as to its manifestations and prognosis in the Central American Republics; especially do I do this as the possibility of the Nicaraguan canal being built will cause many citizens of the United States to come here.

My views are based upon personal observation at this port during the past twenty-eight months, and reliable information from residents at other points.

The general opinion amongst most of the profession and laity in the United States is very erroneous in regard to these fevers; in fact they are generally spoken of as a fever peculiarly different from all others; and honored with a distinctive title, i. e., "Central American fever." Why such should be a fact I do not know, as I regard them as simply malarial. Possibly the severe and sometimes terrible ravages of the fever called "Chagres" at Colon, may explain it, but I am inclined to think the Chagres fever has had to bear the burden of many other diseases. Colon and Panama with their extensive commercial communications were laid liable to infectious and contagious diseases from all parts of the world, and accordingly there was to be found at these places diseases of all kinds of an infectious and contagious character, and the awful mortality that at times existed there was laid at the door of Chagres fever when in fact it was at most only a factor.

The description of the average attack of fever in these countries would be almost the stereotyped description found in all works on Practice under the head of Malarial fevers; the prodromes of loss of appetite, sleeplessness, constipation, high colored and scanty urine, vertigo, general *malaise*, etc., followed sooner or later by the initial rigor, fever, pain in frontal region and across the back; its periodicity, and ready relief on the administration of quinine and laxatives mark them but too plainly as being simply malarial.

But while the average cases are the same as those found in all malarial districts, still, often, cases out of the average appear. The fever is more severe in these and often rises to alarming heights, frequently have I taken temperature registering $110^{\circ}.1$ and $110^{\circ}.3$ F. (Yale standard). Surprised, and knowing that thermometers often are unreliable after continued use, I have used two and sometimes three different instruments, but found very little variation, so I had to admit the high temperature or uselessness of my thermometer. The temperature was taken in these cases under the tongue and axillæ. After the temperature in fevers rises above 105° , I have not been able to note any distinctive symptoms that would indicate the fact, and have been compelled to use my thermometer to distinguish the difference between the temperatures ranging from 105° up to 110° . While this has very little or no effect on the treatment, it has considerable on the prognosis; when the temperature is above 106° I know my patient is going to have a protracted convalescence, out of all proportion to the seeming severity of the disease. While the fever may be easily held in abeyance, still a long time, sometimes over six months, will elapse before he will be able to return to even the lightest kinds of work; this severe prostration of the entire system has frightened many and given these fevers an unenviable reputation.

Never during my residence here have I met a case that would answer to the severe forms of malaria that are so often found in the Mississippi valley, the so-called typho-malaria; nor have I seen a case of pernicious intermittent fever, or its variously named forms, such as comatose, icteric or hæmaturic. While these fevers do at times cause the terrible prostration as explained above, still it is seldom that a paroxysm occurs after proper medication has been initiated.

The treatment is simple. I generally prepare in large quantities the following powder:

R.	Quinæ Sulphatis.....	℥ i.
	Pulv. Rhei.....	℥ i.
	Kali Bitartratis.....	℥ iij.
M.			

I give from 5 to 10 grains of this powder every hour during the paroxysm, and every two hours during the interval; when the patient has recovered from the attack I have him

take one powder of 5 grains three times a day for a week, then twice a day for a week. Afterwards, if his occupation exposes him to malarial influences, I advise him to take a powder every morning before going to work. The bowels are first opened with calomel and sodium bicarbonate, afterwards controlled with the solution of citrate of magnesia or Rochelle salts. This treatment has been entirely successful in my experience with these fevers, and especially would I advise the above method of administering quinine in malarial fevers, as it has been more effective in my hands than any other way of administering this drug, whether in solution or mixed with other preparations.

A RARE FORM OF LACERATION OF THE FEMALE PERINEUM. By
JNO. H. MCINTYRE, A. M. M. D., of St. Louis.

Mrs. L. M. æt. 30, 5 ft. 4 in. in height, weight, 134 lbs. In the early spring of 1886, while attempting to adjust the fixtures at the top of a pair of lace curtains, she slipped off the step-ladder, and fell astride of the back of a chair, lacerating her perineum most frightfully.

I saw her one hour after the accident, and found her suffering from fright and shock. She had lost a good deal of blood and was in great pain. She, however, said to me, Doctor "I guess I'm torn all to pieces and everlastingly ruined." I found upon examination a gaping wound fully one inch in depth extending from the fourchette to the anus, and involving the perineal centre as well as the sphincter ani. The left labia were also incised and badly contused, as were also the tissues posterior to the anus. I quieted her fears by telling her that she could be "fixed up" and that she would come out all right. This was accomplished by the introduction of deep sutures of silk-worm gut, in very much the same manner that I have used this suture in ordinary operations of this kind for the past nine years.

Considerable soreness and tumefaction followed, so much so, that one of the sutures was cut on the second day, to relieve the tension. All the sutures were removed on the eighth day, when union was found to be complete.

In this case I followed my usual habit of moving the bowels each day after the second, by means of small doses of cascara sagrada.

GALLOPING CONSUMPTION.—A TYPICAL CASE. By WM. HENRY, M. D., of Harmon, Ills.

Mrs. P., aged 43 years, a woman of rather spare build, inclined to be anæmic but with a good family history, the mother of nine children, had difficulty of her pulmonary organs at different times. She previously had bronchitis and pneumonia. She had recovered from these attacks and for several years did not experience much difficulty. About one year ago the change of life commenced and gave the system a shock which caused considerable debility. The uterus and ovaries were a constant annoyance to her, and other organs were involved, especially the stomach, in the general breakdown. She said that there was a constant sinking of that organ, as she expressed herself. To overcome this difficulty I used a poultice over the region of the stomach, both back and front, and gum camphor, which gave relief as long as she used it. She stated that after using it, she could not get along without it. During this time the pulmonary organs became involved. She commenced to cough and expectorate, then anorexia set in. She seemed to have no relish for any kind of food; and as a matter of course, became emaciated almost to a mere skeleton. She had chills and night sweats, and soon lost the power of locomotion. Soon great dyspnoea came on, then fainting spells. She, at times, was troubled with headache. The skin was dry and harsh when she was not perspiring. The throat also became involved difficulty of deglutition came on and the glands of the neck became enlarged so that it became annoying to her. I used applications of iodine to reduce the swelling and in a short time, this was accomplished. I gave various tonics to tone up, the hypophosphites and potassium chlorate to act upon the pulmonary mucous membrane, and every species of nourishing diet was given, but notwithstanding all this on the sixth of March she succumbed to that most fatal malady, tuberculosis.

The Johns Hopkins Hospital is ready for occupancy. In the meantime, a committee has been examining into the methods employed in several large eastern cities, before adopting any fixed plan.

[May,

Correspondence.

LETTER FROM BERLIN—THE GERMAN SURGICAL CONGRESS.

BERLIN, April 8th, 1888.
Hôtel du Nord, Unter den Linden.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

The steamer Eider made a fast trip from New York to Bremen—about nine days from port to port. We landed early Tuesday morning, and I took the first train to Berlin. I just arrived in time to change from my traveling suit into full dress, and drive post-haste to the Philharmonie, where the *Langenbeck Memorial* was celebrated. This memorial celebration was held under the auspices of the "German Society for Surgery," whose founder and permanent president von Langenbeck had been. The Society was founded soon after the establishment of the German Empire in 1871. Its object was to assemble the surgeons of Germany annually in the city of Berlin during Easter week, in a Congress, for the oral exchange and ready communication of their experiences in practical surgery, and also to test the results and advances made in scientific and experimental surgical pathology, and to disprove or establish their validity by discussions.

After the lamentable death of their president in September last, the Society determined to hold a "Memorial" in honor of the deceased, and it was arranged to take place on the evening before the opening of the Congress. It was at first intended to be a banquet, but the death of Kaiser Wilhelm has put all public dinners out of question, and the character of the memorial was entirely changed, and I believe that the change was decidedly a good one, in the interest of the affair to be celebrated.

The largest hall in Berlin, available for the purpose, was chosen—the Philharmonie. The imposing hall had changed its usual aspect. The stage was draped in black, with a beau-

tiful forest of laurel and palm trees and other high-stemmed tropical leaf-plants in the background. In the middle of the stage stood the new and masterful bust of the honored surgeon. I recognized the amiable features of my master and teacher at the first glance, and the whole scene was one of overawing grandeur and solemnity. On the stage stood the members of the executive committee of the German Surgical Society—Esmarch, Koënic, Thiersch, von Bergmann, Trendelenburg, Schönborn, Küster, and some others. The large hall was filled, many having to stand. Every reputable physician in Berlin was present. The army was represented by its highest officers, every one of the Imperial Cabinet Ministers was present, the medical corps of the army were especially numerously represented to do honor to their former teacher and surgeon-general. The Grand Duke of Baden and the Duchess, brother-in-law and sister of the present Emperor, occupied a private box. The surviving members of Langenbeck's family were also present. The largest Berlin daily paper says: "A more brilliant assembly than this one was never before seen within the large hall of the Philharmonie. The highest representatives of science and of art, the most honored names in the army, as well as the highest officers of state, sat together in an earnest, impressive memorial gathering, with the pupils and friends of the immortal master in the guidance of the disease-curing steel."

The exercises began with the singing of Mendelssohn's Mourning Song (Op. 116) by the chorus of the Royal High School. Thereupon, von Bergmann, the successor to von Langenbeck's chair of surgery in the University, stepped upon the rostrum, and in eloquent and poetical language delivered the memorial oration. He wore the full uniform of a surgeon-general, with all his decorations, a beautiful sight, though to an American it is novel and unrepugnant. The speech left a deep impression on the audience. It was a detailed biographical sketch, replete with interesting observations on the progress of surgery during the past fifty years. The ceremonies were closed by another short chorus, by Hayden. The whole ceremony lasted only one hour and forty minutes.

After the ceremony, there was a gathering for lunch in the dining-room of the Hôtel du Nord, for the purpose of renewing old acquaintances and making new ones. There were

about two hundred members present. The executive board held a short meeting. I delivered some of my cards of introduction, and was soon acquainted with everybody. The Germans have the very pleasant custom that if a foreign guest or member of the society is pointed out to them, they step up and introduce themselves with a bow, giving their names and official positions. This custom is freely indulged in by the younger surgeons, and even the professors, while at the Congress, lay aside the reserve which is frequently found surrounding them at home. As you will see by the enclosed programmes for the sessions of each day, each one is simply called "Herr." Titles count for nothing, neither does position; every man is equal on the debating floor, and either stands or falls by what he says.

The mornings are devoted to demonstrations of cases, specimens and drawings, instruments, etc. These communications must be strictly oral. I have seen the president frequently call a man to order who attempted to read a long paper at the morning session. Any person who in the least wanders away from the subject is immediately sat down upon by the chairman; and if a speaker attempts to ride a hobby, which he has spoken or written of before, the members are not slow to show signs of disapproval. Every minute of time is valuable to the Congress, and only new things are permissible as subjects for discussion or report. During a discussion following a demonstration of sections through the bodies of old men who had hypertrophy of the prostate, the question as to the best methods of catheterism in these cases arose, some members indulged in giving their "opinions." Prof. Socin, of Basle, arose and said that such stuff was not wanted, that only *facts* relating to the question were of interest, and the recitation of opinions were valueless and out of order. Von Bergmann makes an excellent presiding officer and he has succeeded in controlling the programme and the discussions in such a manner that the XVII volume of transactions will be the most valuable published up to date. I will give you a report of what I conceive to be the most interesting papers which were brought out at the Congress. The morning sessions are held in the Royal Surgical Klinik, in Von Bergmann's operating room. Four hundred and fifty seats are reserved for the members and the space above is

always crowded by guests so that standing room only is the order of the day.

There are surgeons here from all over the world, from Japan, China, Australia, India, Russia, Italy and Spain. For the first time since 1870 invitations have passed between the French and German Congresses, a fact which I am glad to chronicle. From the United States I am the only old member present, Mr. Roswell Park, of Buffalo, was admitted a member at this session. Dr. Geo. J. Engelmann has attended a few of our sessions as a guest. A number of younger American students also attended regularly.

We adopted a new rule looking towards making membership hereafter more difficult to attain. We are worth 100,000 marks and will put up a building to be known as the "*Langenbeck Haus*." It will cost 555,000 marks and will be in the centre of the city, near the Surgical Clinic. It will be used during the year by the Berlin Medical Society and by our Society during Easter week at our annual session. There will be our library and reading room and laboratories and museum open to members the year round.

An invitation from the American Surgical Society was read. I advised all who could to go over to attend, telling them there would be a higher grade of American Surgeons present (scientifically) than were seen at the International. Esmarch told me that he would be over with his son and was now negotiating to have some others join the party.

They have very little respect for the A. M. A. here; but I must close because I am expected to dine with Von Bergmann in half an hour.

A. C. BERNAYS.

Re-union of cut-off Fingers.—Although there are quite a number of such cases on record now, each new example of the kind possesses some interest. Dr. W. C. Putman reports a case, in the *Medical Standard*, in which the right index finger was severed. About two hours after the accident, the cut-off portion was united to the finger and in four weeks was well, sensation and motion being unimpaired.

May,

Editorial Department

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THE STATE ASSOCIATION MEETING.

The thirty-first annual meeting of the Missouri State Medical Association is one which the members of that body will have cause to remember for many years to come. In point of numbers it was by far the most successful meeting ever held; and, in regard to the number, variety and value of the papers presented, no other meeting of this body can make a showing that compares with this. Kansas City was a happy selection, as it afforded an opportunity of paying a visit to the rising metropolis of our western boundary that was seized by a large number. Not only this, but there seemed to be a spirit of emulation displayed on this occasion by each in the endeavor to excell his neighbor in the value of the material presented, the result being a direct gain to the Association, Kansas City "did herself proud" on this occasion. The citizens and profession outvied each other in doing the honors, and there is not a member of the Association who did not fare well. Not an incident occurred to mar the pleasure of and interest in the occasion and many are those who will mark the days they passed in Kansas City, on this occasion, with a white pebble.

All the work which was done, and there was much of it, was good. A forward impulse has been given to the old machine, and this chiefly through the instrumentality of the young blood, which was out in force. A renaissance seems to have taken place and a new growth is promised. The next meeting will no doubt accentuate the marked success of this one and all we can say to the profession of Missouri is that they make it a point to keep up the good work done at this meeting.

AN EXTRAORDINARY CASE.

We desire to direct the attention of our readers especially to the clinical report from Dr. Waldo Briggs, in this issue of the JOURNAL. The case, one of extra-uterine pregnancy, has so many notable features that we think that the author is fully justified in calling it unique. Certainly, nothing within the scope of our experience or reading furnishes an exact or even approximate parallel, and we most sincerely hope that if any of our readers know of such they will communicate them to the JOURNAL. Among the notable features enumerated by Dr. Briggs in his admirable, though necessarily somewhat hastily prepared report, and to which we would emphasize the request for careful consideration are :

- 1°. The duration of foetal life—over fourteen months.
- 2°. The length of time which the dead and decaying foetus remained in the abdominal cavity (upwards of five weeks) without setting up septicæmia. In this connection must be considered the condition in which the intestines and peritoneum were found on removing the foetus.
- 3°. The paradoxical evidence as to the original *locale* of the pregnancy.

There are other remarkable features, for a fuller statement of which, however, we make reference to the article *passim*.

ILLUSTRATIONS.

A single well-drawn diagram will frequently tell more, at one glance of the eye, than could be gleaned from the careful reading of pages of clearly written verbal explanation. This is especially true in medical and surgical literature. In the description, for instance, of the nature of a lesion, a wound, a deformity ; the steps of a surgical operation, or its results ; the ravages of a disease—in short in almost every department

of our professional labors, the value of well drawn pictures, clearly engraved are scarcely to be over-rated. And while medical journalists appreciate this fact to the fullest extent, the use of such illustrations has hitherto been very limited, owing to the great cost of engraving and the comparatively unremunerative character of our special class of periodical literature (no class of men on earth work so hard for so little save the honor and satisfaction which their work gives them, as do medical editors; and no publishers get such scanty returns!). New and improved processes of reproduction have of late greatly reduced the actual cost of engraving, but they are still comparatively a luxury.

It is therefore with peculiar satisfaction and pleasure that the ST. LOUIS MEDICAL AND SURGICAL JOURNAL calls the attention of its readers to the illustrations of the present number and, indeed, to the last three or four issues of the JOURNAL, and promises a continuation of the practice of fully illustrating every article which requires such treatment.

We do this entirely at our own expense and in our own establishment, and we urge any and all of our correspondents who have original articles which they desire to have illustrated, to send them to us, accompanied by such photographs, drawings or diagrams as they may wish inserted. Where the writer cannot procure such drawing, a rude sketch (so it is at all explanatory) will be all-sufficient. We can elaborate it to any required extent.

In the illustrated articles of Dr. Ohmann-Dumesnil and Dr. Williams in the present number, the etchings are the first attempt of Dr. James at reproducing photographic likenesses, and that he has succeeded pretty well is admitted by all who have seen the originals.

THE LAST VOLUME OF THE MEDICAL AND SURGICAL HISTORY OF THE WAR.

We are informed by Surgeon Charles Stewart, U. S. A., that the delay in the issuance of the last volume in this great series is not due to any lack of diligence in the Surgeon General's office, but probably to the press of other public working in the Government printing establishment. Dr. Stewart says that "the manuscript of the last part was completed a year and a half ago, the time since then having been

occupied in setting up the type. Several weeks have elapsed since the last of the plates,—those of the index, table of contents, etc., were stereotyped; and all the photographs, chromo-lithographs and other stone or plate engravings, have been ready for months past. If the stereotype plates were sent to the press-room, under a sufficient force, the work could be run off in a week or ten days, and with no special delay in binding, the volume would soon be ready for issue."

This volume will be to the general practitioner the most valuable of the entire series, as will be seen from the following summary of its contents, for which we are indebted to the courtesy of the same gentleman:

"As diarrhoea and dysentery," says Dr. Stewart, "are the only diseases heretofore discussed in the volumes of this work, the forthcoming issue deals with all the other diseases that were so prominent among our troops as to merit the title of camp diseases. Before going into these the volume devotes a chapter to a thorough presentation of statistics, comparing those of individual diseases not only with the others but as they existed among our troops in the field, but among the Southern troops and the prisoners of both sides. In a general way also the facts concerning each disease as they affect these four classes of men, are grouped together, and the causation of differences is studied and indicated. As might be expected, a large portion of the work is devoted to the records of fevers, paroxysmal and continued.

"As the term *typho-malarial* is regarded as a medical product of the war, the history of this fever is brought up to date, through the experience of the last twenty-three years, as the later history of an interesting case of wound or disease might be gathered from the records of the Pension Bureau. Then follows a chapter on diseases allied to, or associated with, the fevers aforesaid, in which are included a full history of the outbreaks of cerebro-spinal fever and a discussion of the febrile relations of diarrhoea, dysentery and pneumonia. Separate chapters are devoted to the eruptive fevers, and to scurvy, the former treating also of the extraordinary results that for a time were obtained by attempts at vaccinal protection.

"A chapter on diseases attributed to non-miasmatic exposures deals with diseases of the respiratory organs, consumption, rheumatic affections and certain others, such as congestion of the brain and spinal cord, ophthalmia, sunstroke, etc. Among the respiratory diseases are catarrh and bronchitis, laryngitis, tonsillitis, diphtheritic inflammation and pneumonia. Under the heading of local diseases are arranged cardiac troubles, morbid conditions attributed to the weight of accoutrements, etc., after which is a miscellany containing nostalgia, army itch, poisoning, alcoholism and venereal diseases, with a brief record of the facts concerning certain systematized efforts at the prevention of the last mentioned. The final chapter presents the rise and progress of the vast general hospital system." As the volume contains 989 folio pages, many of which are in brevier, some idea may be formed of the amount of information gathered and preserved from the mouldering records of the war. The many subjects treated in this volume will make it a welcome addition to the military medical literature not of this country only but of the world.

A CORRECTION.

In the JOURNAL for April there appeared among our local notes a statement concerning the alleged inhuman treatment of a woman in Carondelet by a constable acting under orders of Dr. Hornsby. The item was taken from the daily journals, in which in various forms it had appeared for several consecutive days before it was put into type by us, and deeming it therefore to be true we used some very severe language in our criticism of the alleged inhumanity of both the physician and the officer of the law. Not seeing the statement of Dr. Hornsby, subsequently made in the *Globe-Democrat*, the article was allowed to go to press as written.

We now desire to correct, as far as within us lies, the grievous wrong done an old and well-known physician by this publication, being convinced that the statements as originally made in the daily journals were false in every particular. Not only did the chain of events as there related never occur, but as was subsequently shown, the woman who claimed to have been so grievously wronged and inhumanly treated, had met with nothing but kindness at the hands of Dr. Hornsby.

We can only say that we regret exceedingly that we should have been the means of bringing before the medical profession, and of giving further publicity to what has since proven to be a malicious and truthless attack upon an honorable member of the profession. We do this all the more readily as there was absolutely no feeling on our part toward Dr. Hornsby (whom we had not the pleasure of knowing) other than regret that any physician should be charged with so heinous an offence. We also feel that we are somewhat to blame for not having seen the subsequent correction, or having taken some active steps toward verification or disproof of the charges. Our excuse for this however, is that several days had elapsed between the first publication of the matter and the item which we finally took as authority for the charge.

We hope that this disclaimer will reach everyone who read the original article, as nothing could be farther from the spirit or intent of the Editors of the JOURNAL than the use of its pages for the purpose of injuring any member of the profession.

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, PH. D., M. D., of St. Louis.

The Griffith Club Microscope.—We had the pleasure recently of examining one of Mr. E. H. Griffith's microscope stands of the latest model, and really think that it is now the most complete, compact and convenient of all stands in use. The instrument in question is a great improvement over his first models in many respects, all of which however will have to be seen to be appreciated.

Amœba of Variola.—In the *Monatshefte fuer Praktische Dermatologie*, Dr. Van der Loeff states that some matter, taken from the pustules of confluent small-pox, was placed in sterilized tubes, and on examining it some hours afterward he found in it the same proteides or amœbæ that have hitherto been found in fresh vaccine lymph from animal sources. The stained preparations also showed the identity of the forms.

The American Society of Microscopists.—We learn from letters from Columbus that never before has there been quite so much interest shown, so early in the season, concerning the annual meeting as at present. There is every prospect of not only a large but a very valuable meeting in point of scientific work. The meeting will take place August 14th, and continue five days. The "Columbians" are already making preparations to give the society a big welcome and a good time.

Thickness of Cover-Glass.—In answer to a query sent me some time ago but which has been mislaid, I would say that Prof. Simon Gage, of Cornell, addressed a circular letter of inquiry to the principal objective makers of Europe and this country asking this same question (viz: the thickness of cover-glass to which non-adjustable objectives are corrected by their makers), and that he collated the answers into a very valuable paper which was read at the Pittsburgh meeting of the American Society of Microscopists last summer. The table is too long for reproduction here, but the standard of the manufacturers mentioned by our querist is as follows: Wales, of New York, and Herbert Spencer, of Geneva, N. Y., =25 millimetres; Ross, of London, has no fixed standard, the thickness varying from 16 mm. to 20 mm.; Bausch and Lomb Optical Co., 16 mm.; Zentmeyer, like Ross, from 12 to 17 mm.; Gundlach Optical Co. and Beck, 15 mm. We think, as Prof. Gage suggested, that it is very desirable that all of the principal microscope makers should unite upon a standard and adhere to it as closely as possible. The same may be said of tube lengths. The example of the society screw should be kept in mind, and the principle of uniform standards should be carried into every department of instrumental work.

A New Microbe in Human Urine.—A hitherto undescribed chromogenic microbe has been found in human urine by O. Prove, and described by him in Cohn's *Beiträge zur Biologie der Pflanzen* (1887, p. 409). He calls it the *micrococcus chroleucus* and states that he has found it in colonies of 2 mm. in area. At first it is colorless, and if light be entirely excluded, it remains in this condition. Under the action of light, however, it gradually assumes a deep sulphur yellow

color. It is easily cultivated in any nutrient medium having an alkaline reaction and containing albuminoids in considerable quantity. The color is due to a matter separated or elaborated by the micrococcus. It is insoluble in water but easily soluble in alcohol, to which it imparts its characteristic yellow color. In studying the life history of the organism Probe found that solid media were better for cultivation purposes than fluid ones. Simple carbohydrates do not answer since they do not furnish the mucilaginous matter which is a requisite of its development. Hard boiled white of egg made slightly alkaline by dilute ammonia produced the largest and finest colonies. For the production of the pigment an abundance of nitrogen seems to be the *sine-qua-non*. Nothing is said of the pathological significance of the new microbe, or of the quality of urine in which the same is likely to be found.

The Microscope in the Diagnosis of some Cases of Hay Fever.—In the *Journal of the New York Microscopical Society*, for April, Prof. Samuel Lockwood treats of the "Pathology of pollen in Aestivis, or Hay-fever," and describes a form of pollen which fills the air, at certain times, in the White Mountains and causes great suffering among the guests, at the various hotels and sanitarium, who are subject to hay fever. The microscope shows the pollen to be that of the "golden-rod" and of the "rag-weed." The experience of Prof. Lockwood reminds me of an incident which occurred in my own practice several years ago. A lady owned a beautiful plantation on the Mississippi river about 90 miles above Memphis, Tenn. She could remain at home the year round in health and comfort except at a certain time in the very early spring, along in February, if I remember correctly. Then she would commence to sneeze and after a day or two of occasional spells of sneezing and running at the nose, febrile symptoms would come on. These were attended with swelling of the lids, inflammation, and finally, a complete closing of both eyes. Asthma and all the other delights of "hay fever" were also present, and unless she left home, this condition of things would last not less than two and sometimes as long as six weeks. If she went away from home even for a few miles, especially if she left "the bottoms" she would recover like magic. I was called to attend her one spring and being

satisfied from the history of the case that the inciting cause was local and mechanical, I examined the discharge from the nostrils and found it full of a peculiar pollen. The trees were all bare as yet and there was no sign of a green twig or leaf to be seen. A systematic search of the trees about the house, around the lawns and in the park (a 2000 acre tract of wooded land), finally showed me that the pollen was that of a species of alder which grew in great plenty there but nowhere else in the country. According to orders from the mistress, all the trees of that species that could be found were sacrificed, and after that the attacks were much milder, though she did not quite escape. This was owing, no doubt, to residual trees growing on lands not belonging to her.

The Human Ovum.—Our knowledge of the internal structure of the human ovum has been hitherto very incomplete, and, strange to say, there has been very little work of any account in this direction of late years. In the *Berichte der K. K. Preuss. Akad.*, 1887, pp. 759–60, there is, however, a paper from the pen of Dr. W. Nagle, which goes far toward removing many of these obscurities. The material studied by him was taken from the healthy portions of ovaries removed in the course of his own surgical practice, and that of others. In some cases the ovaries were sectioned in situ and in others the follicles were isolated and thus examined. The following are the principal points of the paper.

The *zona pellucida* is very distinct and is separated from the vitellus by a very thin stratum of clear fluid. This stratum is what is called the perivitelline space. It surrounds a clear stratum—the cortical layer of the vitellus. Within and next the cortical layer is a somewhat thicker stratum of exceedingly finely granulated matter—the *zona protoplasmica*. Within this again is the deutoplasmic portion, full of globules which are more numerous than the analogous globules of the ova of domestic animals, and not quite so refractive as the latter.

The nucleus is within the *zona protoplasmica*, eccentrically located, round in shape, quite clear and double contoured. It possesses a distinct nuclear reticulum. The nucleole shows amoeboid movements.

In ripe ova the epithelial corona was always quite distinct and well developed. The diameter of the ova varied between 124 and 128 mikrons, the nucleus measuring from 18 to 20 mikrons. The width of the various zona varied at different points—they were not concentric.

In the ovaries of infants newly born, the observations of Waldeyer-Slavjanski were confirmed as to the existence of large follicles in addition to the normal primordial follicles; but the author draws a different conclusion from those hitherto advanced as regards these larger follicles. On section they reveal normal ova, from which he concludes that these larger follicles by no means indicate incipient cyst formations.

In the progress of development the protoplasm and nucleus increase in size, the follicular cells increase in number, the formation of the deutoplasma occurs and the nucleus is pushed from its centric location to one side, and lastly the zona pellucida appears.

Department of Dermatology and Genito-Urinary Diseases.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

Preliminary Treatment of Psoriasis.—To remove the scales which occur in psoriasis, and thus increase the efficiency of remedial agents to be subsequently applied, Dr. Alf. Stocquart recommends (*Archives de Médecine et de Chirurgie Pratiques*) the following:

℞ Ammon. Carbonat.....	2 parts.
Lanolini puriss	5 parts.
Cerat. Simplicis.....	10 parts.

M.

This is to be applied twice daily and is neither irritating nor painful. It leaves a clean, smooth surface and its chief value lies in the fact that it is cheap.

Hebra's Diachylon Ointment.—Although this preparation is one which is so often employed that its composition

should be familiar to every one, inquiries are frequently received concerning its formula, which is as follows :

R	Olei Olivæ Optimæ.....	℥ xv.
	Plumbi Oxidi.....	℥ iij + ℥ vj.
	Olei Lavandulæ.....	℥ ij.
	Aquæ destil., q. s.	

Add the oil to two pounds of water and heat it with constant stirring ; while being stirred, the litharge is to be slowly sifted in, fresh water being added as required. The mixture is to be stirred until cold and the oil of lavender then added. In winter a little more oil is requisite in order to obtain a soft ointment.

Mechanico-Surgical Treatment of Skin Diseases.—

The generally accepted idea of the treatment of skin diseases seems to be that it is limited to the application of lotions, ointments and plasters. The possibility of utilizing other means is very frequently lost sight of, whereas the surgical procedures that are beneficial are numerous and varied. Dr. P. A. Morrow in a recent paper on this subject (*Journal of Cutaneous and Genito-Urinary Diseases*) calls attention to this fact and goes on to say that the cutaneous diseases in which mechanico-surgical treatment is rationally indicated and gives the best results, are mainly included under the classes of hypertrophies and neoplasms. The value of this method, however, has been demonstrated in a number of parasitic, glandular, exudative and neurotic dermatoses. A few may be cited: acne, alopecia, angioma, callositas, clavus, carbuncle, condylomata, cornu cutaneum, elephantiasis, epithelioma, fibroma, furuncle, hirsuties, keratosis, keloid, leprosy, milium, moles, onychia, perionychia, port-wine mark, rodent ulcer, sarcoma, seborrhœa, sebaceous cyst, telangiectasis, ulcers, xanthoma, etc. A goodly list indeed, although more might be added.

Leprosy.—General interest in leprosy has by no means abated, especially in regard to its contagiousness. Mention of this subject was made in this department some time since. In a late issue of the *New York Medical Journal*, Dr. Charles W. Allen speaks of leprosy in the United States and its relation to the State. After a careful consideration of the question, he feels himself justified in making the following conclusions :

1° Leprosy has existed to a considerable extent in this country, during the past twenty years. 2° The tendency of the disease is to increase, not only from immigration, from the visits of foreign lepers coming here to seek relief, from the return of natives who have contracted the disease during their absence, but also from the occurrence of sporadic cases. 3° It is a contagious disease in the sense of its being transmissible from one individual to another, and like syphilis, it may be transmitted from parent to offspring. 4° Transmission, in some instances at least, is probably effected through inoculation. 5° Segregation has been proven to be the only certain method of freeing a country from its ravages. 6° It is the duty of the National Government, by means of national legislation, to establish one or more central leper hospitals or isolated settlements for the segregation, care, and scientific treatment of lepers, as well as for the protection of the community at large.

A Plea for Dermatology.—In a short note on *Sycosis Parasitica* read before the Detroit Academy of Medicine, Dr. C. C. Yemans makes the following remarkable conclusion (*American Lancet*): "Now as to skin diseases, they are seldom dangerous to life and so are treated often for a long time with no diagnosis. Presumably some lesions will not yield to zinc oxide ointment. A thorough knowledge of them is hard to acquire and the integument with its appendages is, I sometimes think, as complicated in anatomy as lesions of the eye and ear. I wonder if the specialty will ever be recognized by the profession?" This is very kind and refreshing. I wonder if the author of the above has ever traveled; or if he has not heard that the great bulk of the profession not only recognizes the fact that dermatology is a special department of medicine, but avail themselves of it by sending, and reporting cases of skin diseases to dermatologists? It is very difficult to determine whether the above effort is an attempt at sarcasm, an evidence of *naiveté* or of gross and palpable prejudice.

Erections during an Attack of Gonorrhœa.—A writer in the *Monatshefte fuer Praktische Dermatologie* calls attention to a fact which has already been pretty well established, viz :

that antipyrin is an excellent substitute for the bromides in the treatment of painful erections, and emissions occurring in the course of gonorrhœa.

Chronic Mercurialism.—Dr. Landgrab reported a case of chronic mercurialism to the Verein fuer innere Medicin at its last meeting. The patient, a man of 26, had since May, 1887, worked in an electric light establishment and it so happened that metallic mercury in small quantities daily fell into his dinner bucket. In November, 1887, he developed the symptoms of mercurial intoxication. Trembling of the limbs, more marked on the left side, existed; speech was impaired, as also the power of writing. Electric sensibility was normal as also motor strength. The sensibility in general remained unimpaired. No albumen could be found in the urine although it contained mercury. In spite of medication such as gargles, iodide of potassium internally and sulphur baths, there was no amelioration in his condition at the time of the report (Feb. 6, 1888).

Gouty Urethritis.—A physician having gout of long standing but who never had gonorrhœa or any other venereal disease (*Paris Médical*), whilst sojourning at the seashore, had a typical attack of gout. At the end of eight days the symptoms disappeared, only a swelling of the great toe remaining. A few hours after the disappearance of the symptoms a purulent discharge appeared at the meatus urinæ. This discharge was abundant but was unaccompanied by redness, swelling or ardor urinæ. In about eight days this disappeared *pari passu* with the swelling of the great toe. A year later the attack was exactly reproduced. Although subsequent attacks of gout manifested themselves, the urethra remained intact. Generally, in such cases, it is merely the awakening into activity of an attack of gonorrhœa which has been held in abeyance by the sudden onset of the gout.

Hippolyte Brochin, editor-in-chief of our esteemed co-temporary *La Gazette des Hôpitaux*, died recently at the advanced age of 80. He was an indefatigable writer, having held the quill for fifty years.

Department of Diseases of the Eye and Ear.

CONDUCTED BY

A. D. WILLIAMS, M. D., St. Louis.

Deposit of Tubercular (?) Material in Vitreous Chamber.—About 8 years ago I was consulted by a lady on account of blindness of one eye. To all appearances the ball was perfectly healthy; certainly so externally. When she would sit before a window so that the light could enter the eye in a straight direction a yellowish white mass could be seen, apparently filling up the entire fundus. With the ophthalmoscope this mass presented a most beautiful appearance. It was apparently a solid tumor with red lines (blood vessels), coursing in various directions, but the new material forming the tumor seemed to be almost destitute of blood. My first impression was that I had found a "glioma" in a grown person, which perhaps had never been observed before, since glioma is considered a disease peculiar to childhood. I explained to the patient what I thought that her trouble was, and told her that if so, the eye would certainly have to be removed. I advised her to wait till we could determine whether it was growing or not. I kept the case under observation for months and was greatly surprised to find that the tumor or mass that completely filled up the posterior half of the eye, did not grow. I was then, of course, convinced that my first diagnosis was incorrect, and became satisfied that the deposit was one of tuberculous material confined principally to the choroid but gradually extended so as to fill up the posterior half of the vitreous chamber. At present the growth is stationary, as indeed it has been ever since I commenced to observe it. It has never caused a particle of pain, and the patient is apparently in excellent health. There is, however, a family history of consumption.

Mushroom Parasite of the Ear and a New Remedy Therefor.—I have hitherto reported in this department several cases of aspergillus, or mushroom parasite of the ear, seen by me in my ordinary routine of practice. It seems to be growing in frequency in our city, and I have recently treated a number of cases, probably as many as a dozen all together. From a case reported by me to the St. Louis Medical Society some time since, I make the following extracts, as illustrative of the disease and of the value of a new antiseptic chemical compound which I have found specific in its treatment. The patient was a young man whom I had treated several years previously for an obstinate otorrhoea. A few weeks ago he came to me suffering with what he thought was a return of the old malady. On examination, however, I found the meatus filled up with a white deposit of a flakey appearance, the outer portions being somewhat browned by exposure to the air and dust. There was a discharge consisting of a watery fluid in which was mingled a little pus. The



Fig. 41. *Aspergillus*, $\times 250$. *a*, highly refractive point; *c* thread-like mycelium.

patient complained of a sense of fullness, a "stopped-up" feeling, a sense of itching and some burning, but no great pain. Syringing brought away a large quantity of the deposit but left the bottom of the meatus and surface of the drum hidden by a fine white covering which adhered so closely that portions of it could with difficulty be picked away with the forceps. The diagnosis was aspergillus, but wishing to see how it would behave, I dried the ear well and filled it with boracic acid. Next day the deposit had materially increased. I managed to pull away a large piece from the perforation in the membrana tympani, and wishing to be certain in my diagnosis, had it examined by an expert microscopist who reported it to be a fine specimen of aspergillus. The microscopical appearances are well shown in the accompanying engraving made by Dr. Frank L. James, directly

from the specimen. Being satisfied as to the correctness of my diagnosis I decided to try a new antiseptic recently introduced to the profession under the name of Campho-phenique and which is stated to be a definite chemical compound of camphor and carbolic acid in about equal parts. I twisted a little cotton on the end of a probe, dipped it into the material which is an oil-like fluid, and with it lightly swabbed the entire inside of the cavity. On the second day the ear was found to be much improved. The parasite had loosed so that syringing brought nearly the whole of the deposit away. After using the syringe I dried the ear and applied campho-phenique as before. On the fifth day (the fourth after using the remedy) the ear was found to be clean and dry. Not a particle of the deposit was visible anywhere and the patient was dismissed cured. In a previous case, where double otorrhœa had caused perforations in both drums, the parasite suddenly appeared in both ears. Absolute alcohol had no effect on the growth, nor did boracic acid, and as an experiment I used campho-phenique, a sample of which chanced to be present, as an application to the growth in one ear, leaving the other alone. The next day the ear upon which the remedy had been used was to my very great surprise clean and dry and entirely free from the parasite. I then used the remedy on the other ear, and in four days discharged the patient, cured. In conclusion I would say that I have obtained the same result in every case thus far treated, and hence consider the new chemical fairly entitled to be considered a specific in the treatment of aspergillus.

Railroad Fares to Cincinnati.—We learn from the Cincinnati *Lancet-Clinic* that the Committee on Railroads have secured a reduction, on the certificate plan, from all railroads entering the city of Cincinnati. The rate will be full fare coming to the meeting of the American Medical Association and one-third fare returning. Physicians will please ask for a blank certificate at the railroad office at the time they purchase their tickets, which certificate will entitle the holder thereof to a one-third rate returning. Drs. Geo. Purviance and William Judkins are the local sub-committee in charge of railroad and hotel accommodations.

Medical Progress.

THERAPEUTICS.

Intestinal Antiseptic.—Bouchard employs the following as an antiseptic in intestinal fermentation or putrefaction :

℞ Naphthalin
Sacchari albi.....āā gr. lxxv.
Ess. bergamot.....gtt ij.
M. Ft. Chart. No. xx.

Sig. One powder every hour.

Salol in Diarrhœa.—Dr. O. T. Osborne claims good results from the use of salol (salicylate of phenol) in diarrhœa and gives the following as the dosage he is accustomed to employ: To a child of any age up to 2 years, gr. $\frac{4}{8}$; from 2 years to 5 years, gr. $1\frac{1}{2}$; 5 years to 12 years, gr. 3; above 12 years gr. $4\frac{1}{2}$ is a sufficient dose. This should be given every two, three or four hours.

Pill in Chronic Bright's Disease.—In chronic Bright's disease the following pill will be found useful, according to the *N. Y. Medical Record* :

℞ Hydrarg. bichlorid.....gr. $\frac{1}{16}$.
Quinæ Sulphat
Digitalis pulv.....āā gr. j.
Belladonnæ ext.....gr. $\frac{1}{4}$.

M.

Sig. One such pill three times a day.

Internal or Concealed Hæmorrhage.—The *College and Clinical Record* states that, in this condition, Prof. Gross suggests the following :

℞ Acid gallic.....gr. iij.
Ergotin
Pulv. digitalis.....āā gr. j.
Pulv. opii.....gr. $\frac{1}{4}$.
M. Ft. pil. j.

Sig. One every four hours.

May substitute acetate of lead, gr. ij, for gallic acid.

Troches for Tonsillitis.—Dr. Mackenzie recommends guaiacum in tonsillitis on account of its local as well as constitutional effect (*Lancet Clinic*) and advises its administration in the form of troches as follows :

℞ Resin guaiacum.....	3 ij.
Gum tragacanth.....	1.
Sugar.....	3 j-ij.
Black current paste.....	q. s.

Mix and divide into 350 troches of which give one every two hours.

A New Form of Suppository.—Dr. Samuel G. Dixon suggests the form shown in the annexed cut, in order to lessen the unpleasantness and inconvenience of ordinary rectal medication (*Therapeutic Gazette*) and alimentation. The thickest portion is to be introduced first and, when it is past the internal sphincter muscle, the contraction of this muscle will force the entire mass farther up the rectum.



Fig. 42.

Baths in Typhoid Fever.—In speaking of his five years' experience in the treatment of typhoid fever, Dr. Humbert Mollière, mentions a number of methods of reducing the temperature (*Lyon Médical*). He states that he has, for the time being, concluded to reject antipyrine in the treatment of typhoid fever in adults; and is in favor of the systematic application of cold water in all cases, from the beginning. For him there is but a slight restriction upon this treatment by means of baths in those cases where a marked contra-indication exists and in these it is large cold baths rather than the cold water, which should be avoided.

Acetanilide and Cocaine in Dental Anæsthesia.—Our readers will remember that some time ago, we recorded the experiences of some of our subscribers wherein they extolled the use of cocaine injections to produce dental anæsthesia. M. Martin, a dentist in Lyons, in a communication to the Société des Sciences Médicales, of Lyons, states that the use strong solutions of cocaine for this purpose is sometimes fol-

lowed by symptoms of intoxication by the drug. To avoid this he suggests the following:

℞ Cocain. muriat	gr. 3-5.
Acetanilid	gr. vi.
Aquæ destill.....	m. xv.
M. Ft. Sol.	

By injecting this between the gum and the tooth anæsthesia is produced which, while it takes more time to declare itself, is of longer duration than that produced by cocaine alone.

Some new Salicylates and their Uses.—Pl. Jimeno writes in the *Revista Medica* a description of the salicylate of lithium and the salicylate of mercury, both of which he considers new. The salicylate of lithium has been known for some time, but the latter salt is not so well known. It is prepared by treating mercuric nitrate with any alkaline salicylate. The process is very simple and convenient for extemporaneous preparation. The two substances should be dissolved separately in distilled water, and the solutions then mixed. A greyish white precipitate is at once thrown down, and after washing and drying at a gentle heat, the product, salicylate of mercury, is ready for use. It is the lightest of the salts of mercury, is insoluble in water, but is easily soluble in equal parts of alcohol and water. It may be employed as an ingredient in ointments, or in hypodermic injections, after the following formulæ:

For the ointment of salicylate of mercury, rub up 1 part of the salt with 25 parts of vaselin.

For hypodermic injection, dissolve 1 part of the salicylate in 10 parts of alcohol and add 60 parts of water. The ordinary hypodermic syringe charge (15 minims) thus contains about one-fifth of a grain of the mercury salt. Half this amount is the minimum dose.

The remedy may be used for urethral injection by dissolving 2 parts of the salt in 50 parts of alcohol and adding 950 parts of distilled water. No record of its efficiency in such cases is given in the article referred to.

Dr. John M. Browne has been appointed Surgeon-General of the Navy, to succeed Dr. Gunnell whose term of office recently expired.

SURGERY.

Sutures.—After abundant trial and comparison, the conclusion was arrived at by the author that, as a rule, the interrupted suture is in every way preferable to the continuous one. The exceptions are mentioned at the proper place. The chief advantage claimed for the continuous suture—namely, the saving of time—is illusory. As regards safety in holding, and exactitude of adaptation, the interrupted suture has no peer. This very sensible observation is made by Dr. Arpad G. Gerster in his work on aseptic and antiseptic surgery.

Spread of Abscesses.—Dr. Arpad G. Gerster, in his recent work, states very pertinently that the notion that the law of gravity alone regulates the spread of abscesses is an erroneous one, as it is well known that many forms of supuration extend in a diametrically opposite direction to the force of gravity. The local spread is prescribed by the direction of the loose connective-tissue planes separating and connecting the different organs, and is mainly influenced by hydrostatic law. Perforation always takes place where resistance is the least.

Restoration of the Flexor Tendon of the Thumb.—M. Monod, not long since, presented a patient of whom he had spoken to the Société de Chirurgie, of Paris. As the result of an accident, the flexor tendon of the thumb had been cut. The two extremities had retracted to such a degree, that they could not be directly united. To establish a continuity of tissue between them, M. Monod, introduced a rabbit tendon and sutured it to the two extremities of the cut tendon. The result proved to be a complete success as the flexion of the thumb is not only complete but strong.

Peritoneal Drainage.—The question of peritoneal drainage has been discussed at several successive meetings of the Société de Chirurgie, of Paris. Bonilly, Terrillon and Pozzi are opposed to the method, saying that it ought to be employed as little as possible. M. Terrier, on the other hand, states that when it is to be used, it can be done without fear. He has employed it seven times during the past three months on as many cases. He has not washed the peritoneum with

boiled water, nor has he observed any very large amount of liquid escape by the tube. He leaves the drain in for two or even three weeks without any untoward effects. M. Terrillon states, however, that, although drainage has always given him satisfaction, he regards it as a measure to be adopted in graver cases; because washing the peritoneum may obviate the necessity of drainage.

Two Rare Cases of Foreign Bodies in the Bladder.—M. Bazy reported these cases to the French Surgical Congress at its recent meeting. The first a woman of 66, had frequent and painful micturition for six months. Examination pointed to a phosphatic calculus, probably developed around a foreign body. The stone was crushed and its nucleus was found to consist of strong flax thread, packed together, and measuring when drawn out about six yards. In the other case, a man of 45, of a low degree of intelligence, the patient in trying to "open up" his urethra, introduced a hog's penis. Being caught suddenly at this manoeuvre, he let go of his improvised instrument and it dropped in his bladder. This was removed some time after. It measured more than a foot in length and emitted a terrible stench. In fact the urine which had been drawn previously to the extraction of this body was so foetid that it almost suggested cancer of the bladder.

Society Proceedings.

THE MISSOURI STATE MEDICAL ASSOCIATION.

The thirty-first annual meeting of this Association convened at Music Hall, Kansas City, on Tuesday, April 17, at 10 A. M. Dr. F. J. Lutz, of St. Louis, the President, called the meeting to order, and prayer was offered by Rev. J. O'B. Lowry, of Kansas City. Mayor Kumpf then made an address of welcome on behalf of the city. Dr. B. E. Fryer made an address, both of which were responded to by Dr. Lutz. After the reports of some committees had been made, Dr. L. Bremer, of St. Louis, read a paper on "Insanity from Bright's Disease." The morning session concluded with the reading of the Treasurer's report.

At half-past two, the afternoon session began. Dr. B. F. Hart, of Brownsville, read the results of his "Collective Investigation of Phthisis Pulmonalis," in the State. After the transaction of some unimportant business, Dr. Robert Barclay, of St. Louis, read a paper on "The Personal Equation; a Suggestion Concerning Diagnosis by Auscultation." Dr. J. L. Mathews, of Carthage, spoke of "Intestinal Perforation and Hæmorrhage as Complications of Typhoid Fever." He was followed by Dr. H. C. Dalton, of St. Louis, who reported "A Case of Gunshot Wound of the Stomach and Liver; Laparotomy; Recovery." "The Untoward Effects of Drugs, with their Painful Surprises," was the title of the next paper, by Dr. R. F. Brooks, of Carthage. Dr. J. C. Mulhall, of St. Louis, read a paper on "Heart Tonics," when a recess was had for the presentation of pathological specimens. Dr. Williams, of Versailles, showed an abnormally developed foetus, among other things.

The papers which had been read were then discussed until the hour of adjournment.

At 8:30 P. M. the evening session was called to order. Dr. F. J. Lutz, of St. Louis, made the presidential address, which included obituary notices of Dr. Morris, of St. Louis, and Lester, of Kansas City, ex-presidents of the Association. Especial mention was made of the present crippled condition of the State Board of Health, owing to the lack of an appropriation for its benefit, and the members were urged to make every exertion to secure necessary relief for the Board.

At the close of the reading, a motion was made by Dr. J. H. Thompson, of Kansas City, to the effect that a committee be appointed to draft proper resolutions to cover the existing deficiencies in the constitution and by-laws, as suggested by the President's paper. The motion prevailed, and a committee was appointed, consisting of the following: Dr. George Homan, St. Louis; Dr. C. H. Johnson, Kansas City; Dr. R. F. Brooks, Carthage.

"What the State Board of Health Has and What it Has Not Accomplished," was the subject of a paper read by Dr. George Homan, of St. Louis, Secretary of the Board.

Dr. Woodson Moss, of Columbia, read a paper on "Comparative Medicine; or the Relations between the Diseases of Domesticated Animals and of Man," and was followed by Dr.

G. M. Dewey, of Keytesville, on "The Doctor's Hope of Fame."

On Wednesday, April 18th, the morning session showed an increase in the number present. The first paper read was by Dr. A. M. McAlester, of Columbia, the subject being "Short Notes on the Progress of Surgery during the Year 1887." Dr. Pinckney French, of Mexico, next presented a paper on "An Analysis of One Hundred Consecutive Amputations." This was followed by a paper on "Diseases of and Operations on the Testicles," by Dr. Edward Borck, of St. Louis. Dr. Y. H. Bond, of St. Louis, gave "Observations Respecting the Causes and Treatment of Uterine Displacements." "The Sympathetic Nerve in its Relation to Ophthalmic Disease," was the title of the paper read by Dr. William Dickinson, of St. Louis. Dr. N. B. Carson, of St. Louis, read a paper on "Colotomy." After the discussion of these papers, the morning session adjourned.

In the afternoon, after some motions had been made and withdrawn, Dr. Charles Barck, of St. Louis, read a paper entitled, "Eye and Brain." The next paper, by Dr. A. Alt, of St. Louis, was on "Sympathetic Affections of the Eye." Dr. B. E. Freyer, of Kansas City, read a paper on "Albuminuric Retinitis of Pregnancy," and was followed by Dr. Willis P. King, of Sedalia, on "Some Practical Points in Railroad Surgery." Dr. J. H. Thompson, of Kansas City, spoke of "An Operation for Entropion," the next paper being by Dr. C. A. Todd, of St. Louis, on "Some Forms of Suppuration of the Ear, and their Treatment." Dr. Jno. P. Bryson, of St. Louis, then read his paper on "Electrolysis in the Treatment of Urethral Stricture," being followed by Dr. T. E. Potter, of St. Joseph, upon the "Treatment of Enlarged Thyroid and Lymphatic Glands and of Fibroid and Vascular Tumors by Electrolysis," the paper of Dr. J. P. Parker, of Kansas City, on "Tractoma," having been referred by title.

The evening session was short. The following were appointed the committee on nominations, to report at noon on Thursday: Dr. J. E. Tefft, of Springfield, Dr. Lyman Berger, of Kansas City, Dr. O. A. Williams, of Versailles, Dr. Pinckney French, of Mexico, and Dr. B. J. Dysart, of Paris.

Dr. J. M. Richmond, of St. Joseph, next read a paper entitled, "There are Proper Cases in which the Repair of a Lac-

erated Cervix Uteri results in Cure." "The First Care of the Injured" formed the basis of a paper by Dr. A. H. Meisenbach, of St. Louis, and was next read. Dr. W. V. Lucas, of Mendon, then read a paper on "Pneumonia," and was followed by Dr. Frank R. Fry, of St. Louis, on "Paramyoclonus Multiplex." Dr. O. B. Campbell, of St. Joseph, read the last paper of the evening, the title being "Diseases of the Lymphatics and Absorbents as a Cause of Uræmia." An adjournment was had to the Centropolis Hotel, where three hundred members sat down to a banquet tendered by the profession of Kansas City.

On Thursday morning the Association met, and the first paper read was by Dr. A. B. Shaw, of St. Louis, on "A Case presenting Unique Symptoms, the Result of Disease of the Nervous System due to a Railroad Accident." Dr. A. H. Ohmann-Dumesnil, of St. Louis, then reported "An Indigenous Case of Leprosy." Dr. Wm. Porter's, (of St. Louis) paper on "Syphilis of the Lungs," was read by title at his own request.

The committee on State Medicine made a report, which was as follows:

We approve the plan of the State University Experimental and Vaccine Laboratory offering to produce animal vaccine virus quarterly at some date to be announced by the director, Dr. Paul Paquin, beginning about October next, and that we highly indorse the establishment of regular dates of vaccination by all practicing physicians for the year, issued in their respective localities.

It is also our belief that this vaccinal institution, where are carried out various experiments in comparative medicine, of which vaccine production is a part, should be fostered by this Association.

We further recommend that the legislature be requested to appropriate sufficient funds at its next meeting to carry out the work of the laboratory in a thorough manner, and supply vaccine free to all public institutions, all educational institutions and health officers, and at a minimum cost to the profession.

J. M. ALLEN,

Chairman Section on State Medicine.

Dr. B. F. Wilson, of Salisbury, read a paper on "Nervous Pathology," and was followed by Dr. J. W. Heddens, of St. Joseph, who chose for his subject "Hernia."

Just before the morning session adjourned, the election of officers for the ensuing year was held. Dr. A. M. McAlester, of Columbia, was elected president; Drs. J. B. Griffith, of Kansas City, J. B. Winn, of Macon, J. W. Camp, of Springfield, J. H. Britts, of Clinton, and H. C. Dalton, of St. Louis, vice-presidents; Drs. J. C. Mulhall, of St. Louis, and J. K. Duncan, of Kansas City, secretaries; Dr. L. J. Matthews, of Carthage, corresponding secretary; and Dr. C. A. Thompson, of Jefferson City, treasurer. Springfield, Mo., was selected as the place of holding the next annual meeting, on the second Tuesday in May, 1889.

The afternoon session was called to order at about three o'clock. A motion by Dr. J. M. Allen, of Liberty, that the Association recommend establishing a Department of health by the General Government, was adopted.

"The Objectivity of Sense Perception," by Dr. S. S. Laws, of Columbia, was read by title. Dr. I. N. Love, of St. Louis, discussed "Some Points in the Management of Typhoid Fever." The next paper read was entitled, "The Nervous System in Disease," by Dr. C. H. Hughes, of St. Louis. Dr. G. Hurt, of St. Louis, read a portion of his paper upon "The Laws and Appropriations of the States and of the United States in the Interest of Public Health."

At this point of the proceedings, the president-elect was escorted to the chair. He made a short address, and appointed some committees.

Dr. Fitzgerald offered a resolution, which was unanimously adopted, expressing the thanks of the Association to Kansas City for the kindnesses shown; to the committee on arrangements for the prompt performance of the duties assigned to them; to the railways for the courtesies extended, and to the retiring officers for their efficiency.

After some unimportant business had been transacted, the Association adjourned.

State Sanitary Convention.—The State Board of Health of Pennsylvania has issued a preliminary circular concerning the convention to be held at Lewisburg, Union Co., Pa., on the 17th and 18th inst. (May), giving the following programme, which however is subject to amendment:

FIRST DAY.—Opening address by the Governor. Address of welcome, by D. J. Hill, LL. D., President of Bucknell Univ. "The Prevention of Contagious Ophthalmia," Dr. P. N. K. Schwenk, of Phila. "Diseased Meats and the Prevention of Trichinosis," Dr. G. W. Fury, Sunburg, Pa. "The Water Supply of Lewisburg," Prof. W. G. Owens, Bucknell Univ.

Evening Session.—Annual address, Hon. S. T. Dana, M. D., Lancaster, Pa. "Cremation as a Means of Disposal of the Dead," Dr. B. F. Hyatt, Lewisburg, Pa.

SECOND DAY.—Convene at 9 A. M. "Small-Pox in Country Places," Dr. Fetterolf, Mazeppa, Pa. "Hygiene of the Teeth," Dr. H. Gerhart, Lewisburg, Pa. "Insanity among Women," Alice Bennett, M. D., Resident Physician State Hospital for the Insane, Norristown, Pa. "Sanitary Protective Associations," Benjn. Lee, M. D., Sec'y of the State Board of Health. "Sanitary Shortcomings of Lewisburg," Dr. W. B. Atkinson, Sec'y of Penna. State Medical Society, and Medical Inspector to the State Board of Health.

THIRD DAY.—Convene at 2 P. M. "School Hygiene," Dr. G. G. Groff, of Lewisburg, Member of the State Board of Health. "Household Hygiene," Prof. Frances Emily White, Women's Medical College, Phila., Pa. "How Germs Cause Disease," Dr. V. C. Vaughan, of Michigan University. "The Drainage of Lewisburg," M. S. D. Bates, Lewisburg, Pa.

Evening Session.—"Illustrated Lecture," Dr. Edwards, of the State Board of Health. Papers are also expected from Dr. J. H. Kennedy, Shamokin, Pa., Dr. A. Schultz, Superintendent of the State Hospital for the Insane, Danville, Pa., and other distinguished scientific men.

It will be observed that while distinguished sanitarians from a distance will take part in the proceedings, the aim has been to make the latter, to a considerable extent, of practical use to the citizens of Lewisburg and its neighbors, and to enlist them in the study of its sanitary problems. For this reason, they will be of great interest to all residents in small towns and rural districts, the conditions of which are necessarily very similar.

The convention will be presided over by the Hon. S. T. Davis, M. D., member of the State Legislature, of Lancaster, Pa.

A more definite programme will be issued later.

GEORGE G. GROFF, M. D.,
BENJAMIN LEE, M. D., Sec'y, } Committee.

Dr. B. F. Dawson, of New York and founder of the *American Journal of Obstetrics*, recently died.

[May,

Obituary.

C. R. AGNEW, M. D.

"If Death doth love a shining mark surely Death hath now his fill."

CORNELIUS REA AGNEW, the greatest American surgeon since the death of Samuel Gross, departed this life, after a brief illness, in the city of New York on the afternoon of April 18.

The immediate cause of the untimely taking off of this great physician was peritonitis consequent upon perityphlitis, which seized upon him but a few hours after he had operated upon Roscoe Conkling, the statesman who preceded him so shortly in the journey into the Silent Land. The disease was early recognized and an operation was made by Dr. Sands, but was ineffectual, "and so he departed," less than one week from the day when, in the full enjoyment of a vigorous health, in the midst of his usefulness and renown, Death marked him for his own.

We will not attempt to give even an outline sketch of the career of the decedent. That can be better done, hereafter, and by those more familiar with the history of his life and labors. He was an American, in all that the work implies. A native of Philadelphia, of American parentage, though of Scotch and Huguenot extraction, he was educated at Columbia College, graduating in 1849. After practising for a short time he went to Europe and remained in London and Paris for a couple of years. Returning to New York in 1855 he went into practice. From 1858 when he was appointed by Governor Morgan, surgeon general of the State of New York, down almost to the day of his death, Dr. Agnew occupied medical positions of the highest honor and trust. His services to the Union Cause during the war were of the very highest value. A mere list of the positions filled by him under such circumstances would take up all of our available space.

Dr. Agnew, while pre-eminent as a consultant was an operator of rare skill, and a voluminous writer, not only for

the medical press, but of books as well. His death will be mourned by the entire medical profession of the world, and especially of his own country. He was in his 58th year at the time of his demise.

Melange.

Dr. Martineau the well-known physician of the Hôpital del' Ourcine, of Paris, recently died.

An Electro-Therapeutical Society is the latest addition to the medical societies of Baltimore.

The Washington Territory Medical Society has not held a meeting for more than five years.

The State Board of Health, of Michigan, will hold a sanitary convention at Manistee, June 6 and 7.

Ichthyol is said to be a good application in erysipelas, in the strength of about one in four parts of an ointment.

Journals for January, 1887, will be bought at this office for thirty cents each. Only copies in good condition will be taken.

In Virginia it is now necessary to pass an examination before the Medical Board before being able to obtain a license to practice.

Dr. N. Senn has been appointed to the chair of the Principles of Surgery and Surgical Pathology, in Rush Medical College, Chicago.

La Revue pratique d'obstetrique et d'hygiene de l'enfance is the latest addition to French medical journalism. It is a monthly, edited by Drs. Henri Varnier and Paul Legendre.

Scotch Oats Essence contains morphine according to the statement of Dr. R. G. Eccles, published in the *Druggists' Circular and Chemical Gazette*. He states that this applies to certain advertised preparations, only.

An Addition to the Medical Colleges of Detroit is the Michigan College of Medicine and Surgery. It has already opened a spring term.

An Insufficient Supply of Water is one of the grievances of Cincinnati and, in that respect we can heartily sympathize with our "Parisian" friends.

The Transactions of the State Association promise to make quite a large volume this year. A large number of papers were read and listened to by an audience of nearly three hundred registered members, not including many physicians who did not register.

The number of Professional Visits which a physician can make in a day has been a matter of discussion in medical journals, lately. We must say that some tall stories are being told and when they are all in, we may have one that will appropriately cap the collection.

It is with Sorrow, tinged with sympathy that we note the want of forethought and charity displayed by some medical editors. They persist in dragging out those poor, old, decrepit and dilapidated medical jokes, which readers contemplate with an air of profound resignation.

Judge Taylor, of Indianapolis, is evidently the doctor's friend. A physician who offered to reveal professional secrets, while testifying, was justly rebuked by the Judge. The same judge gave a verdict in favor of two doctors who sued the county commissioners for \$500 for toxicological examinations made by them.

The Public Prophylaxis of Syphilis is still occupying the attention of the Academy of Medicine, at Paris. The question is one which is being thoroughly discussed in all of its phases and there is no doubt that the final conclusion arrived at by the Academy will be in the highest degree valuable and as efficient as such means can probably be.

The Section on Dermatology and Syphilology of the American Medical Association promises to be one of the most active, although the youngest of the sections. Besides a number of papers the following questions will be discussed:

1°.—The etiology and treatment of Eczema. 2°.—The limit of the period during which Syphilis can be communicated by contagion or inheritance.

Cincinnati Hotels.—The following are some of the principal hotels in Cincinnati and their rates. Those contemplating attending the meeting of the American Medical Association may find the information of practical value: Gibson House, \$3 to \$5 per day; Burnet House, \$3 to \$5; Grand Hotel, \$3 to \$5; The Saint Nicholas, rooms \$1.50 to \$4; Palace Hotel, \$2 to \$2.50; Hotel Emery, rooms \$1 to \$2.50.

Attending Medical Conventions at a distance is no longer attended by the terrors which formerly surrounded these trips. The perfect equipment of railroads now-a-days and the comfort one can enjoy, make travelling a pleasure. The writer never enjoyed more pleasant travel than he did going to Kansas City on the Wabash Western, to attend the meeting of the Missouri State Medical Association.

Meetings of Medical Associations in May.—The following are announced to take place in May:

American Medical Association at Cincinnati, May 8.				
Connecticut State Medical Association at New Haven May 23.				
Illinois	"	"	"	" Rock Island " 15.
Iowa	"	"	"	" Des Moines " 16.
Kansas	"	"	"	" Topeka " 1.

The Mississippi State Medical Association met in the Hall of Representatives at Jackson on April 18th, Dr. N. L. Guise presiding. The principal feature was the president's address, in which he took strong grounds against children being sent to school until they have attained seven or eight years at least. He also favored short hours of study. A copy of this address is to be sent to each County School Superintendent in Mississippi.

Alabama Medical Association.—This association met at Montgomery on the 10th of April and remained in session four days. Much valuable work was done, some excellent papers having been presented. Mobile was chosen as the point for the next annual meeting, the date thereof to be set hereafter. Dr. Milton C. Baltridge of Huntsville was elected president, Dr. Ben F. Cross of Decatur, vice-president and

Dr. B. F. Hughes of Birmingham, orator, for the ensuing year. The secretary and treasurer hold over.

Strongylus Gigas in a Dog.—At the *seduta* of March 2 of the Accademia Reale di Medicina di Forina, Dr. V. Adduto presented a specimen of *strongylus gigas* found in the kidney of a dog. The helminth had destroyed the right kidney transforming it into a simple pear shaped capsule the superior pole of which was the renal vein rendered unpervious, the inferior being the corresponding ureter pervious throughout. The capsule was however full of a liquid having an acid reaction. The helminth was 70 centimetres (about 28 inches) long. The case is remarkable in several ways, not the least of which is that there was no hypertrophy of the corresponding kidney—and further, the dog showed no symptoms of the trouble during life.

American Medical Association, Cincinnati, May 7th to 18th, 1888.—For those who desire to attend this meeting, the Vandalia Line has made a rate of one and one-third fares for the round trip. When you purchase your ticket to Cincinnati, ask the ticket agent for a certificate, and on this you will secure your return ticket. This line is a favorite Cincinnati line on account of its daily line of elegant day coaches and Pullman sleepers run for the exclusive use of Cincinnati passengers. Address Mr. T. B. Cookerly, ticket agent 100 North 4th St., St. Louis, for any additional information. A large portion of the members of the Association will go via the Vandalia, and we recommend our readers to go with the party this way.

Advising the Doctors.—Every physician has, in his practice, no doubt, been advised by the old women and cranks who happened to be neighbors or relatives of his patient. The distinguished physicians in attendance upon the Emperor of Germany have been flooded with advice, suggestions, offers of help, etc.; and those who waited upon our distinguished jurist Mr. Conkling, were similarly pestered, as the following extract from an interview with Dr. Fordyce Barker shows: "I have received letters from Tom, Dick and Harry, advising me how to treat Mr. Conkling. One man wants me to put a steamed potato in his ear; another man says, 'Put in a boiled onion, and that will fix him in a week;' another

wants me to feed him on raw oysters, each cut in four parts, and still another wants me to understand that milk isn't a good thing for a sick man to drink."

The Western Pennsylvania Medical College, of Pittsburgh, held its second annual commencement at the Grand Opera House of that city on Thursday, March 24, last. A large and enthusiastic audience was present to see the diplomas of the college conferred upon thirty-four graduates, this being an increase of exactly fifty per cent. above last year's number. Rev. D. Cowan offered prayer and was followed by Prof. Jas. McCann, President of the faculty, who delivered the valedictory address. The "first-honor" man of the class, Dr. W. S. Platner, made an address in behalf of the graduates. In the evening, the faculty, alumni and guests of the college gathered at the Seventh Avenue Hotel and indulged in a banquet and its usual accompaniments. This fitly closed the second successful year of this young and vigorous medical college which we hope is destined to witness many more such pleasant occasions.

Rabies as reported, and Rabies as it exists.—An excellent example of the difference that there is between reports and facts is furnished by two official French health reports just made public. The Inspector of Health at Lyons reported for the year 1886 that there were treated and disposed of at the clinic of the *École Vétérinaire* of Lyons during 1886, 77 mad dogs, and in addition to these, 44 carcasses of mad dogs had been disposed of by the police. These 121 mad dogs had bitten 31 persons whose cases were reported to the police. Now comes the Medical Inspector of the Department of the Rhône who reports that in the entire department (in which Lyons is) there were but 7 persons bitten by dogs suspected of being mad during that year, of whom *none* developed rabies. This shows, says *Lyon Médical* how difficult it is to get at the truth in France, even when based on official documents. We may add that the same difficulty exists everywhere and seems to be one of the evidences of "old Adam" that is universal.

Simulated Cystitis.—Dr. Dumas gives in the *Archives de Médecine et de Pharmacie Militaires* the history of a case which came under his notice, and which so far as we are aware, is

without a parallel in the literature of simulated diseases. The "patient" was a military prisoner who was sent to the hospital suffering apparently with an acute cystitis. The urine was slightly sanguinolent at all times. For several days together the patient avoided on various pretexts micturition in presence of an officer or attendant, declaring it impossible for him to urinate in the presence of any one. Being compelled finally to do so in the presence of an interne, "everything went all right," to use the language of the reporter, until the last few drops came away. In straining to get rid of this residue, all at once a low hissing noise, like the escape of gas, was heard, followed by a slight gurgling sound (*se fit tout à coup entendre un petit soufflement, suivi d' un gazouillement fin*) which issued from the end of the glans, the meatus being covered with a few foamy bubbles. The surface of the urine in the vessel, which habitually had been of a mahogany color, was immediately covered with a sero-mucous substance like a small "crachot" (mass of sputum). The urinator (*le pissueur*) was visibly disconcerted by this series of phenomena which it is unnecessary to say, embraced features not down on his programme. On the following day Dr. Dumas resorted immediately to catheterism. He found no trace of the stricture which the patient claimed to exist, and to which he had referred the straining, and had no difficulty in drawing away a clear amber urine which contrasted very strongly with the mahogany colored fluid preserved by the patient for exhibition. The patient saw that further concealment was useless, and shamefacedly confessed that he had been in the habit of blowing blood, sucked from his gums, into the urethra through the hollow sound with which he had been treating his "stricture." The confession cleared up the gaseous escape and the "crachats" of the preceding day.

The American Dermatologist, a new journal to be devoted exclusively to dermatology, is announced as one of the accessions to American medical literature, in the near future. The initial number is to appear about June 1st. The editor is Dr. Ralph St. J. Perry, of Indianapolis, Ind. We will gladly welcome the fledgling and have already placed it upon our exchange list. The number of contributions to dermatology has grown to such an extent, of late, that there is plenty of room in this country for another journal devoted to this subject.

1888.]

Local Medical Matters.

The Many Friends of the Hernstein and Prince Surgical and Optical Co. will be sorry to learn that that corporation has dissolved. We understand that Mr. Hernstein will shortly embark in the instrument business for himself.

Reclining Chairs.—Several of our local physicians who attended the Mo. State Medical Association neglected to secure their sleeping berths early and, as a consequence, upon arriving at the depot found them all taken. They state that the reclining chairs are not *quite* as good resting places as the berths.

The Rapidly Growing firm of the Mellier Drug Co. will soon occupy their new and elegant quarters on the southeast corner of Sixth and Olive Sts. In the meantime they are always pleased to show their friends all the new instruments, that are constantly being placed on the market, at their old stand at 709 and 711 Washington Ave.

Reduced Rates to Cincinnati and Return.—The "Bee Line," in connection with the "Big Four," have made a special rate of one and one-third fare, to persons attending the meeting of the American Medical Association, at Cincinnati, May 7th to 12th, inclusive. Elegant through sleepers and first-class coaches will be furnished. Those desiring further information, should call on or address W. F. Snyder, General Western Agent, St. Louis, Mo. A large St. Louis delegation will go by this line.

The Academy of Medicine is the name of a new medical society organized in this city on April 23rd last. Among the objects of the society is the "culture of medicine and the mutual interest of the members." All matters pertaining to ethics are eliminated from the rules, and it requires only a

majority to elect to membership or to expel a member. A presiding officer is to be elected at each meeting. The organizers of this society are Drs. Louis Bauer, Joseph Bauer, A. Carpenter, H. Summa and Oscar Treutler.

Changes.—The popular firm of A. M. Leslie Surgical and Instrument Co. have moved from their old stand on Broadway to new and commodious quarters at 915 Olive St., just above Pope's theatre, where they have very largely increased their stock of instruments. Mr. A. M. Leslie, or the genial Dr. Moore, who has made so many warm friends since his connection with the house, will be pleased to see physicians desiring to purchase or look at instruments. Their repair and manufacturing department has, we understand, been placed under the supervision of superior workmen.

A. P. Erker & Bro., long in the same building with A. M. Leslie & Co., on Broadway, have removed to No. 617 Olive St., where they have opened out a full and excellent stock of optical instruments and apparatus, including microscopes and microscope accessories and supplies. The Messrs. Erker are accomplished opticians and make a specialty of filling oculists' prescriptions for lenses of every description. They are also prepared to do all kinds of repair work upon optical apparatus. Our readers in need of such things should not fail to give them a call.

Vital Statistics of St. Louis.—The Health Commissioner's report for March shows a total death roll from all causes of 796, 66 more than in the preceding month and 81 more than in March of last year. The principal diseases were—pneumonia, which is accredited with 117 deaths; phthisis and tuberculosis, 82 deaths; bronchitis, 68 deaths; and diphtheria, 60 deaths. The balance of the list are apportioned about as usual. Of the 32 deaths accredited to violence, 3 were from surgical operations, 4 from suicide, 4 by homicide and 21 from accidental causes. It will be noted that diphtheria has fallen from the first to the fourth place in the list of causes of death. We are afraid however, from certain indications, that the decline of the disease will not prove to have been so rapid in April. The births during the month numbered 888, of which 841 were white and 47 colored.

THE ST. LOUIS Medical and Surgical Journal.

VOLUME LIV. — June, 1888. — No. 6.

Original Contributions.

CLUB-FOOT. By DAVID PRINCE, M. D., of Jacksonville, Ill.

II. TARSECTOMY.

Among the fruits of modern ideas in relation to the anti-septic treatment of wounds, is that of daring to cut into the cavities of joints without fear of septic troubles.

Progress in the methods of treatment of talipes, in persons beyond the period of infancy, has been retarded by the fear of septic decomposition of the fluids in the complicated joints of the tarsus with septic absorption and consequent poisoning of the general system, endangering the life of the patient.

Ablation of the cuboid bone in the treatment of club-foot is supposed to have been first suggested by Little in his work entitled "*Deformities of the Human Frame*" (p. 305. *London*, 1853).

This suggestion was put into practice without a satisfactory result, by S. Solly in 1854.

Mr. Lund, of Manchester, removed the astragalus in the treatment of club-foot in 1872¹.

Resection of a wedge shaped portion of the tarsus is said to have been first performed by Mr. Davies-Colley in October, 1875, and repeated by Richard Davey in November, 1876.²

In a discussion in the Copenhagen Congress, Ruprecht, of Dresden, denominated the removal of a wedge-shaped portion of the tarsus, *Tarsotomie de Poinso*t.

(1.) Proceedings Medical Society of London, Vol. IV., 1879.

(2.) *Ibid.*

In a letter dated January 31, 1888, Mr. Richard Davey reported forty-one cases of operation by himself, according to this method, with forty cases of success and one death from septicæmia. Mr. Davey employs no antiseptics, but relies upon clean water at first, and a dry blood clot afterward.

The little favor which *tarsectomy* had secured at the time of writing the article on orthopædic surgery by Frederick R. Fisher (of the London Victoria Hospital for Sick Children) in the 6th volume of Ashhurst's *Encyclopædia of Surgery*, 1886, is shown by the remark that "the number of cases of club-foot treated by excision of the tarsus may be numbered by tens, while the cases treated by the ordinary methods may be numbered by thousands."

There is not anywhere on the limbs a more dangerous place for the invasion of putrefactive agents than the joints of the tarsal bones.

The joints of the carpus are equally complicated, but they are not so often a field for those surgical processes which expose them to the air. There is a labyrinth impossible to explore completely with antiseptic means for hunting out septic agents. The most effective searcher is peroxide of hydrogen, but there are blind pockets, which easily resist the pressure of the oxygen eliminated by the contact of pus. The septic fluids are squeezed into corners, to expand again and renew their destructive war on the living tissues.

The exsection of portions of the tarsus for the relief of deformities of the feet requires, for the most successful results, that the after dressings be exclusively wet or exclusively dry.

The dry dressing is most convenient, requiring no attention for days.

The blood serum becomes squeezed out of the clot and absorbed by the dressings, and the residual clot becomes penetrated by the proliferating vessels until it is entirely replaced by new tissue.

When this process of the invasion of the clots, by the blood cells and blood vessels emanating from the adjoining tissues, is complete, the danger of infection by contact with the air is nearly passed.

The contact of the germs of erysipelas, phlegmon, and of gangrene may set up destructive changes but, with moderate washing, the pus covering the granulating surfaces will remain *laudable* and cicatrization will go on rapidly.

For the dry dressing to succeed, it is necessary that the implantation of germs at the time of operation be avoided, or that they be sterilized by the washes applied to the wound previously to the application of the dressings. In this relation, the character of the blood clot is of some importance. It is desirable that its solidity be not diminished by the application of water. A squeezed sponge does not impart any water to the surfaces to which it is applied, but it drinks up any fluid that may be there, leaving dryer than before such clots as may remain.

Mr. Richard Davey of the Westminster Hospital, London, was in 1884, a disbeliever in the ideas now generally accepted with regard to antiseptics. In an operation by him for *talipes varus* upon a 12-year-old boy, witnessed by the writer in 1884, he removed a wedge-shaped portion of the tarsus by a saw working in the groove of a director passed over the bones and under the soft tissues of the top of the foot. The wound was dressed in its own blood without the application of water, and a splint applied to prevent motion.

The notion of the excellence of blood as a wound dressing is an old popular tradition, and there is some truth in it; but the exposure to the air of non-putrefactive dressings, impervious to floating atmospheric dust, must be far superior to the surface of a blood clot with its non-sterilized retaining bandage. The surface of clot thus exposed, invariably becomes putrid in this climate, and in dryness London can have no superiority over us. That a dressing of undiluted blood may be better than non-sterilized dressings may readily be conceived, but in this day it is a queer freak to scoff at antiseptic agents and rely upon such a perishable defense against atmospheric putrefaction as blood. It is true, blood is a natural dressing, but the instinct of the dog leads him to lick it off.

The wet dressing, the lotion being carbolized or sublimated water, is *sure*, but more troublesome. In this plan of management the omission of fresh application of carbolic acid for some hours is disastrous. The agents of decomposition pass readily through the damp dressings to the wound, and to its fluid or its solid or semi-solid contents.

The discontinuance of a sublimate wash after beginning on the wet plan, leaving the dressings to become partially dry, is less dangerous.

The mercurial does not go off into the air like carbolic acid, but it may be absorbed, or by dryness become inactive along the surfaces surrounding a wound, permitting the microbes of decomposition to pass in. Constantly wet or constantly dry, should therefore be the maxim.

If, before the dressing is applied, the wound has become infected with germs beyond the power of the exudates to digest and destroy them, the dry method must be a failure. Only the frequent or perpetual drip, or the bath, can insure against suppuration and putrefactive complications.

In the case of long exposure to the air, as in accidental wounds, the wet dressing should be employed so as to secure the perpetual presence of the antiseptic until the time when the exudates upon the surfaces of the wound have become replaced by organized material. After that, the more convenient form of dry dressing may be employed with safety, the purulent product being carefully washed away sufficiently often.

From these considerations, the application of a dressing perpetually wet with an antiseptic lotion must be the safest for wounds exposed a considerable time to the air, and especially to gun shot wounds presenting irregular and ragged surfaces, some of which are likely to be necrosed, though under a careful antiseptic drip or bath they need never present any smell or other sign of gangrene. This is a distinction important to secure. The necrosed tissues following a gunshot injury or a talipes operation, behave like catgut ligatures. They are absorbed if not too large or too resisting for the digestive powers of the leucocytes, or they may remain for a gradual odorless maceration or final expulsion. If exposed to the action of suppuration and putrefaction germs they mortify and smell.

MANNER OF OPERATING.

For cases in which, on account of age or the degree and resistance of the deformity, it is necessary to remove a portion of the tarsal bones, the following method is recommended:

Richard Davey, of the Westminster Hospital, says that he tried chisels but abandoned them for the saw.

The writer tried the saw and abandoned it for chisels.

Only one opening of the skin is necessary, and four instruments are enough—a knife, two chisels and a mallet.

After an antiseptic washing of the skin and the cleaning out of any residual material between the toes and among the folds of the deformed foot, an incision is made along the outer side of the foot.

Figs. 43 and 44 illustrate the form of the foot and the necessary place of the incision. The dotted lines indicate the course of the chisel.



FIG. 43.



FIG. 44.

Fig. 44, Right Foot. The dark line indicates the incision and the dotted lines, the passage of the chisels through the bones; when the chisels come into contact each helps the other to pry out the included portion of the tarsus.

In talipes varus, including nine-tenths of the whole number of foot deformities, the incision is made along the outer edge of the foot from the proximal end of the metatarsal bone of the little toe, to the cuboid bone, or, in extreme cases, to the calcaneum, as the intention may be to make a larger or smaller amount of excavation. These two chisels come into contact on the inner or median side of the foot, and each serves as a lever to lift out the portion of the tarsus included between them. This is the principle of the proceeding, though in practice, the bones and ligaments may require to be removed in smaller pieces than this description implies. The exact amount of excavation is determined by the extent necessary to restore the correct form of the foot by the hands of the operator at the time.

If the case is one of *talipes varus*, there is no advantage in dividing the heel tendon, but if the *equinus* element is strong (*talipes equino-varus*), there is great advantage in dividing this tendon, as the first step in the operation. In this case the tendon is put upon the stretch and the bistoury introduced on the median side. No stitches are taken in the foot because the surfaces are left in the most ragged condition possible. Fragments of bone, joint cartilage, ligament and connective tissue become surrounded by blood clot. These loose ends are, most of them, in a condition to slough if left to their own power of maintaining their circulation. Any plan which fails to maintain the vital capability of the blood clot must be a failure. Many of these fragments of tissue lie in the clot to be afterward perpetuated in their vitality by the approach and penetration of the capillaries extending themselves through the clot from the adjacent surfaces, which have been left in such relations as to maintain their full vitality.

1°. Before the removal of the elastic bandage, which has been applied to the limb above in order to secure a bloodless operation, the dry wound is washed with a warm sublimate solution, 1-1000. 2°. Sublimated lint is applied over the wound and the foot is brought into the best approximation to the correct form, and retained by adhesive plasters extending from the outer surface of the foot to the upper part of the leg. A sufficient amount of sublimated absorbing material is then applied to drink up the blood and serum subsequently escaping. 3°. A gypsum plaster is then applied in order that the patient, on waking from the narcosis, may throw his foot about without hurting it. 4°. After this is done the elastic bandage is taken off the leg, permitting the wound to fill with blood and the serum to escape into the surrounding absorbent material.

By this procedure, the blood escapes dilution by water, and its clot is the most solid possible, free from the possibility of septic infection, and best adapted to the preservation of its blood cells and to their subsequent restoration, and also to the penetration from the surrounding living parts, of leucocytes and proliferating blood vessels.

The rule is to leave this dressing untouched for a week or more, till there ordinarily comes some smell. By this time, the blood clot will have become alive again with some power

of resistance to the encroachment of enemies. Afterward, elastic extension is kept up until the short ligamentous connections about the ankle joint have adjusted themselves under the influence of this perpetual tension. (See fig. 36 and explanations). It afterwards becomes necessary to wear a brace for a long time in order to retain what has been attained, whether the treatment has been executed with or without cutting (See figures 36, 37 and 43).

Nothing is more common than the loss of some of the success of treatment by neglect after the cessation of treatment. To avoid this loss, it is important that the deformity be over-corrected before the active treatment is discontinued.

In case of talipes equinus, or talipes equino-varus, the improvement under treatment should be carried so far that the natural use of the foot will tend to preserve the advantage that has been gained. It is never safe to dismiss a case as cured until this degree of success has been attained.

The manner of dressing should be further explained: Gypsum is never employed except temporarily after some operation, with or without cutting, in order to shield the part from the pain attendant upon movement or to hold, for brief periods, some position forced upon it under narcosis, by pressure of the hands. In the latter case, a screw clamp or an elastic bandage over and around a splint is resorted to until after the hardening of the gypsum. An elastic tension for changing the form should not be employed until the soreness immediately following an operation, by cutting or by force, has passed by.

To retain form and to prevent pain are the functions of plaster.

To improve form is the function of elastic tension, and it is made elastic in order that some imitation of the natural movements may be permitted, thus securing an active circulation and a rapid change of nutrition through which short ligaments become elongated and those too long become shortened. The discomfort of a perpetual position is relieved by a little movement. If by any imperfection or mistake in management, the wound becomes putrefactive the perpetually wet dressing must be resorted to and kept up until all odor for a considerable time ceased to be produced.

The detail of this proceeding is very important. The affected foot should be immersed for a considerable time in a warm bath, having 1-1000 Hg Cl₂.

The wound and its sinuses should be injected with this solution diluted one-half by peroxide of hydrogen. Afterward the foot is to be enveloped in a dressing kept perpetually wet with a 1% solution of carbolic acid.

If the invasion of putrefactive enemies is not promptly repelled by antiseptic measures the result may be disastrous. The wound made in the exsection of the tarsus unavoidably exposes the tendons of the flexor longus pollicis, flexor longus digitorum, tibialis anticus, extensor longus digitorum and peroneus tertius which pass up the leg and afford a ready passage for the fire of septic inflammation. If the life of the patient is saved, yet great loss of time is experienced in the course of the treatment.

INTERNAL INCISION.—“OPEN INCISION AND FIXED EXTENSION.”

In the transactions of the International Medical Congress which met in Copenhagen in August, 1884, is a contribution by Dr. A. M. Phelps, of Chateaugay, N. Y., advocating the treatment of obstinate talipes varus by an open incision on the inner side of the foot.

In the *Medical News* (Philadelphia) for January 21, 1888, this operation is explained and illustrated by a woodcut, by Dr. C. N. Dixon Jones, of Brooklyn, N. Y.

The lines of the incision are seen upon the right foot in Fig. 44.

An incision is made from the internal malleolus to the tuberosity of scaphoid, and from the center of this line, another incision is made vertically downward, dividing everything that resists, until by forcible pressure, the foot can be straightened out.

The artery and the nerve are drawn aside and held by a blunt hook as the dissection goes on. The foot is held in its corrected position by gypsum four weeks before the first dressing is removed.

The dissection of the inner side of the foot is favorably referred to in the “Year Book” for 1887, by Dr. Philipppson (*Deutsch Zeits., f. Chirurg*, Vol. XXV, p. 287, for 1886-7). Dr. Gibney (Trans. Med. Soc. State of N. Y., 1886, p. 368), refers favorably to the Phelps method and states that Dr. Bradford

of Boston, has been working at a machine which he calls a tarsoclast.

In the progress of treatment, with or without the division of bones and tissues, it is convenient to employ not only the force of the hand, but also the force of a screw in some form of apparatus in which a carpenter's screw clamp constitutes the force which is to change the form of the foot.

Apparatus other than that which can be extemporized at any time has been worked at by Monier, as reported in the "Year Book," 1887, from *Gazette des Hôpitaux* No. 1, January, 1887.

It is doubtful, however, whether a permanent apparatus can be made to do any better than an extemporized carpenter's clamp and two pieces of wood and three roller bandages.

ANÆSTHETIC LEPROSY: PERFORATING ULCERS: NERVE STRETCHING: GANGRENE OF FOOT: AMPUTATION: RECOVERY, FOLLOWED BY FREQUENT ECZEMA AND DIARRHŒA. By BEAVER RAKE, M. D. (Lond.), Medical Superintendent of the Trinidad Leper Asylum.

M—, Hindoo, immigrant, aged 49, was admitted to the Trinidad Leper Asylum, on July 15, 1886, with anæsthetic leprosy of three years duration. He went on fairly well till Dec. 31, 1886, when he had fever and complained of pain in the right foot. On examination two perforating ulcers were found in the sole. A probe was passed through from one of these to the dorsum and a counter-opening made there Jan. 1, 1887. The fever continued and the foot was painful and swollen. The right sciatic was therefore stretched behind the great trochanter.

Jan. 5. No pain at incision over sciatic; sutures removed; foot swollen, painful. On incising the dorsum near the ankle, dirty, offensive pus escaped, mixed with blood clots and air. A drainage tube was passed through from dorsum to sole and thoroughly syringed with carbolic lotion. Another incision was made on the inner side of the foot to relieve tension. No pain in leg or thigh.

Jan. 8. Not much less swollen and not nearly so offensive; not painful now. Gangrenous end of toe removed.

Laudable pus escaping from foot. Incision over sciatic granulating well.

Jan. 10. Line of demarcation has now formed behind great toe and second and third toes. A good deal of pus escaping from incision in foot. Tongue beefy; has fever still.

Jan. 12. Great toe and three adjoining ones removed with scissors. Line of demarcation formed. Incisions in thigh nearly healed. Has fever in the afternoons, is very wasted, does not complain of pain.

Jan. 13. T. 103°. A little swelling above ankle. Probe passes deeply into sinuses. A good deal of pus escaping from incision on dorsum.

Jan. 15. Healthy red granulations along line of demarcation. Remains of first phalanx of great toe separated at articulation. Still fever every afternoon.

Jan. 19. More gangrene has appeared to inner side of foot. Another drainage tube passed through from dorsum of foot to end of stump and dead tissue cut away.

Jan. 21. Foot more swollen; swelling also extending above ankle. Another drainage tube put in, and three superficial incisions made to relieve tension. More gangrenous tissue removed.

Jan. 26. T. 101°.8. Gangrene spreading at inner side of foot. Much suppuration above joint of ankle. Foot painful. Asks for amputation.

Jan. 27. T. 103°.7. Foot very offensive and painful. Much discharge. Was given chloroform which he took badly; the pulse became irregular and the breathing bad. The leg was amputated at the lower third.

Dissection of amputated foot showed extensive disease spreading back to articulation of metatarsals in the cuneiforms. Sinuses becoming gangrenous in places. Discharge very offensive. Cartilage of internal cuneiform separating. Ankle joint intact. Perforating ulcer over heel filling up well; granulations look healthy and are rising to level of surrounding skin. Posterior tibial nerve much swollen; fibres separated by gelatinous looking material.

Jan. 28. T. 98°.5. No pain. No hæmorrhage or leakage from stump.

Jan. 29. T. 101°. Œdema of stump as high as knee. Stump dressed, edges quiet, little discharge.

Jan. 30. T. 101°. No pain in stump. Œdema perhaps a little less. No smell.

Jan. 31. T. 99°.3. Swelling of stump going down. Edges separating. No smell; a little more discharge.

From this date, progress was satisfactory. Recovery was a little retarded by some sloughing and suppuration in the stump. This, however, was over in a month; the stump was firmly healed by March 28; and he was soon getting about on a wooden leg.

On Jan. 9, 1888, it was noted that there was no sensation below either knee, and that the stump was firm and sound. He had suffered from frequent attacks of eczema and diarrhœa.

The medicinal treatment of the case consisted mainly of quinine and opium.

There are three points of interest in this case:

1°. The result of the nerve stretching. Judging by the condition of the posterior tibial found in the amputated limb, it was not surprising that the operation gave so little relief. The pain, however, was lessened and the ulcer over the heel nearly filled up, though this may have been in great part due to free incision and drainage of the foot.

2°. The rapid healing of the stump, though the amputation was through anæsthetic tissue. The quickness with which leprous tissues heal after operation is very remarkable. I have published elsewhere other successful cases of amputation through the knee and thigh for gangrene of the leg occurring in lepers (*British Medical Journal*, March 7, 1885, p. 484), and a case of successful cataract extraction from an insane leper (*Lancet*, Sept. 25, 1886, p. 581).

3°. The frequent attacks of eczema and diarrhœa after the healing of the stump. I have often noticed in other cases various obscure symptoms following the healing of leprous ulcers. In one case death occurred almost suddenly, and I am inclined to think it was hastened by the healing of some large tuberculated ulcers on the legs. The necropsy showed large white kidneys. In other cases I have noticed eczema or diarrhœa after amputation. It would seem as if in some cases of leprosy a constant drain were necessary, either from skin or intestine, to carry off poisonous products, and maintain a fair state of health. This is of interest with reference to the question so often asked in non-leprous cases: Whether it is always well to cure long standing ulcers or eczema. Certainly in leprosy the practice seems to have its dangers.

[June,

Clinical Reports from Private Practice.

SEPARATION OF THE VERTEBRÆ WITH PROTRUSION OF HERNIA
BETWEEN THE SAME.—OPERATION.—CURE. By W. F.
WILKINS, A. M., M. D., of Ottawa, Kansas.

The case I am about to report is peculiar in some respects and I am not sure that the profession will receive it as gospel truth ; but I can assure you that the facts are here as I recorded them in my case book at the time.

Sometime since we had a wind storm that did a great deal of damage, and among other houses that were demolished was one occupied by Mr. G. and his young wife. The husband was not at home at the time of the storm but returned shortly after his house had been scattered over the vacant lots adjoining.

The young wife, who was in her eight month of gestation, while being tumbled about with the furniture and fragments of the house, was rendered insensible by the corner of a table, as she supposed, coming violently in contact with her abdomen. Pains came on the day after, and she was delivered of a male child with a peculiar "hunch on its back," as the attending physician called a hernia situated at the juncture of the dorsal with the lumbar vertebræ.

I was called to see the child on the sixth day after delivery, and found the "hunch" of a purple color and about the size of a goose egg.

After careful examination I diagnosed the case, a hernia of some description, and the parents decided to have the little fellow operated on as soon as possible.

The next day with an assistant I anæsthetized the patient and proceeded to operate by cutting down upon the hernial sac. We made a longitudinal incision about four inches long and found the vertebræ separated to the extent of a half inch. Through the opening protruded the hernia with its contents. The spinal cord had been pushed to one side.

I returned the hernia without opening the sac, carefully replaced the cord and brought the vertebræ into exact apposition. Then the question arose how to keep the bones in position.

After considerable deliberation, I carbolized a silver suture and passed it through the superior intervertebral notch of the dorsal vertebra, into the superior intervertebral notch of the lumbar vertebra, through the inferior intervertebral notch of the lumbar, back on the opposite side through the superior intervertebral notch of the lumbar into the superior intervertebral notch of the dorsal vertebra, repeating this three times, and making a figure-of-8 knot binding the bones firmly in position.

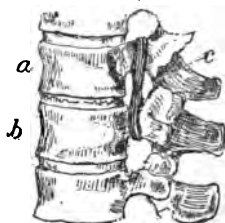


FIG. 45.—a. Last dorsal; b. first lumbar vertebra; c. wire.

The external wound was closed with six cat-gut sutures, the whole dusted with iodoform and the dressing finished with a broad rubber bandage.

Antiseptic precautions were observed throughout the operation, which lasted about half an hour. The wound healed by first intention and the little fellow was practically well in six days.

AN OBSCURE CASE.—REMARKABLE TOLERANCE OF MORPHINE IN A NON-HABITUÉE. By C. M. DECKER, M. D., of Smithton, Mo.

Called to see Mrs. F—, Oct. 6th, 1887. She was a large, plethoric woman, and from general appearance was healthy and strong. She complained of trouble in the stomach and bowels, having eructations of a sour taste which had lasted for several days previous to my call. The abdomen was considerably enlarged and tympanitic, at the time I saw her, but had only begun to enlarge that morning. She also complained of soreness midway between the symphysis and navel, extend-

ing on either side into the iliac and lumbar regions. Temperature and respirations normal; no headache, no backache, and no pain except as indicated above. Her urine was normal and bowels much constipated; she had, however, been subject to constipation for about fifteen years.

Not knowing exactly what the trouble was, I gave several doses of morphia and bismuth, $\frac{1}{4}$ grain of former to 5 grains of the latter, to be taken every three hours during the day; first directing her to use a purgative of magnesium sulphate.

Oct. 10th, was called to the same neighborhood, and called to see her and found her improved. She had been doing her own work around the house, and said that she felt that she was better. The enlargement and soreness were gone, but she complained of constipation, and I again advised a purgative of sulphate of magnesia. On the morning of Oct. 14th, I was again called to see her and upon arrival found her pulse 120, weak, and irregular; respiration 30; temperature normal. For the past 24 hours she had vomited every ten to thirty minutes, and when she was not vomiting there was constant and distressing nausea. The vomited matter was green, curdy, and sour. Abdomen very much enlarged, tympanitic, and extremely sensitive; the skin had acquired a tense, red, shining appearance, which extended well up toward the axillæ. The pain was so great that between intervals of vomiting she was obliged to lie with knees drawn up. My diagnosis was now acute peritonitis. After vomiting and nausea had subsided, I gave a tablespoonful of saturated solution of sulphate of magnesia every two hours. After the third dose had been taken, she had an operation and passed nearly one gallon of matter of the same consistence and color as that vomited. During this attack, from the beginning I injected hypodermically a quarter of a grain of morphine every hour or two, but even this did not procure rest until after the more violent symptoms began to subside. She made a partial recovery from this attack but was unable to leave the bed; for in the erect position she would begin to complain of pain in lower abdomen. She could not sit or stand long enough to have the bed changed.

She had been delivered of a dead fœtus fifteen years previously to this attack by Dr. W. H. Evans of Sedalia, and I therefore called him into consultation, thinking that perhaps

some causative lesion might have occurred at that time; but we were unable to find any. Upon rectal examination (digital only) we found internal hæmorrhoids and a simple ulcer at the verge of the anus, both of which caused much distress, during defecation. Vaginal examination showed the uterus to be normal in size, perfectly movable, and no pain was caused by manipulating the same.

I operated on the hæmorrhoids by injecting a 50% solution of carbolic acid, with good results. I also treated the ulcer with a solution of nitrate of silver, 40 grains to the ounce but did not have satisfactory results, which I think was due to the fact that my solution was not strong enough. When I operated for the hæmorrhoids I made a thorough examination of the rectum with the speculum, and was unable to find any lesion other than those referred to. Since the confinement above referred to, she had been irregular in her menses, which were alternately too frequent and scanty, or not as frequent as they should be and too free. At times they occurred twice per month then again not oftener than once in two or three months. From Oct. 17th to Nov. 15th she seemed to improve, left her bed, and walked about the house, and said that she felt quite well but very weak. She did not require the use of morphine during the greater part of this time. On the morning of Nov. 15, she again began to complain of pain in the hypogastric region, and soon began to vomit, emesis being accompanied by enlargement of the abdomen and all the symptoms before described, but in a more aggravated form, requiring larger doses of morphine to bring them under control. After the control of these symptoms I again advised the purgative of sulphate of magnesia, but was unable to move the bowels without the aid of warm water enemata. She now again began to improve and for a period of ten days seemed to do finely; when she again suddenly relapsed, all the symptoms being greatly aggravated. The temperature this time reached 101°, F., which was the highest she had at any time during her illness.

From the severity of the previous attacks she thought death would be the inevitable result, as did also Dr. Evans and myself. It being the request of herself and family to give her all the ease possible, I began to administer heroic doses of morphine hypodermically. Having brought a bottle of mor-

phine with me which I had not yet opened, I began to administer the remedy, at first in one grain doses every half hour, which I kept up for three hours when I increased the dose, because she had not yet the slightest symptoms of narcosis or freedom from pain. I gave her a little more than two and a half grains per hour for the next three hours, after which I thought she was becoming easier and decreased the dose to about two grains per hour. By the following evening at six o'clock, just twenty-four hours from the beginning of the administration of these large doses, my bottle was empty.

By these enormous doses I was unable to stupefy her in the least and succeeded in merely lulling the pain. She vomited at intervals during the night and following day, the matter being of the same nature as that already described.

Strange as it may seem, she began to improve about three o'clock of the day on which she took the large doses of morphine, and from that time she has gradually improved, until now she is able to do her own work, but must be under the influence of morphine all the time. Thinking she had acquired the "morphine habit," I went out and staid with her one day, and refused to give her the morphine. In about three hours she began to complain of pain in the hypogastric region; her abdomen began to enlarge; the eructations recommenced and I think she would have had an immediate relapse had the remedy been longer withheld. As soon as she was able I began the administration of quinine and iron, which gave good results. She has regained her appetite, but is still much constipated, and is unable to have a passage without an enema of warm water which she is obliged to use every day.

From the above it will be seen that I gave sixty grains of morphine in twenty-four hours. Thus far I have been unable to locate the lesion which causes all this trouble, I think it is in the pelvic viscera or bowels; perhaps some of your many readers will be able to give me light on the subject?

E. Weston, the Electrician, proposes to use nitrite of amyl in the construction of shells in naval warfare. He thinks that such a shell bursting on deck would soon anæsthetize the majority within its range, using a few gallons for each charge. What next?

1868.]

Correspondence.

LETTER FROM GERMANY—CHLOROFORM *vs.* ETHER IN EUROPE.
DEATH FROM THE LATTER IN HAMBURG.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL :

I have seen a great deal of surgery here, and am now waiting here at this hospital (the Marien Krankenhaus) for the surgeon, Herr Kümmel, who is to perform laparotomy for ileus on a young Spanish sailor. His method is to open the abdomen from sternum to pubis, take out all the intestines and repair the damage as best he can.

Kümmel is not *the* great surgeon here, but with all that, he is a man of considerable and deserved reputation. The greatest man here is Schede, and I have spent most of my time in his hospital. Dr. Sands, of New York, spent a month with Schede, and being a partisan of ether as against chloroform, he undertook to convert Schede by showing him how to use the former anæsthetic.

The case was that of a woman of about 38, afflicted with uterine cancer. Sands, who as you know is recognized as one of our best American surgeons, sent to London and got an ether-bag and the apparatus necessary for the administration of the anæsthetic, and also secured an article of the very purest and best in the way of ether. He and his son, Dr. Sands Jr., began the administration in the presence of Schede and eight other prominent surgeons. In less than four minutes the patient was dead—so very dead that all means at revivification—artificial respiration, even tracheotomy and forced air, were of no avail. The post-mortem showed normal heart, lungs and brain, in short nothing abnormal or pathological but the cancer of the uterus.

The French and Germans as you know, have never taken kindly to ether, using it but very little, and if this incident will keep them from using it at all in the future they are to

be congratulated. I cannot, myself, understand how anybody who has ever used chloroform can become a convert to ether. It takes a good deal of prejudice, even to make those who have been its advocates stick to it, and I am glad to say that all of my observations and experiences of this trip tend to show that it is gradually going out of use abroad. Take the world over, and chloroform is now administered five times where ether is resorted to once. There have consequently been a few more deaths, in the gross, accredited to chloroform within the past year, over those attributable to ether, but when the number of times each was used is taken into consideration, ether has been far the more fatal. I think chloroform is dangerous only when there is grave organic disease of the heart, or in persons addicted to whiskey.

I shall write more in detail soon.

Yours sincerely,

A. C. BERNAYS.

Marien Krankenhaus,

Hamburg, Hohenfelde, May 5, 1888.

A Case of Club Hand of traumatic origin is reported in the *Medical News* by Dr. James K. Young. It was one of those rare deformities, the cause of which was a lesion of the cerebrum received during extraction. The child died on the fifth day.

Scientific Gluttons.—We learn from *Gaillard's Medical Journal* that it is "credibly informed that it is not unusual, in the city of Washington, for young men, before going to dinner parties, in order to better prepare themselves to play the part of gluttons, wash out their stomachs a short time before the appointed hour." The *Journal* considers the method a reprehensible one, and one which is calculated to bring the medical appliances used in the process, into disrepute.

English.—The following, found in the *Southern Medical Record*, is too rich an example of "English as she is spoke and as she is writ" to allow it to pass into obscurity:

"CENTINARIAN PROFESSORS.—The French take the palm for longevity among the teachers in medicine. Professor *Chevrol* is in the French Institute of Sciences at Paris, and Professor *Neuron* is Professor of Anatomy at College of Notterdam, Ind., both have passed their hundredth year."

1888.]

Editorial Department

FRANK L. JAMES, PH. D., M. D.,
AND
A. H. OHMANN-DUMESNIL, A. M., M. D. } Editors.
FRANK M. RUMBOLD, M. D., Business Manager.

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THE LATE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

In point of attendance the meeting of the Association, held in Cincinnati last month, could compare quite favorably with those of previous years. The scientific work which was done was also fully up to the average. The sessions in the main were fairly well attended, though in some of them there were but few members. The papers and discussions were excellent, and no time was lost in the useless repetition of the purely elementary portions of subjects under consideration. While the scientific features of the meeting were of the best, the executive or administrative part was rather troubled and even stormy, upon a few occasions. This is especially true of the meetings of the Nominating Committee, concerning which, although they were executive, and supposed to be secret, enough leaked out to justify such a conclusion.

The profession and citizens of Cincinnati did everything that could be asked to insure a pleasant time to the visitors and, although the entertainments were not numerous they were well chosen and thoroughly enjoyed. Every one left

Cincinnati with regrets and, at the next meeting of the Association, our Cincinnati brethren will be enabled to judge of the number of friends they have made through their courtesy and hospitality.

SAMPLES AT CINCINNATI.

As originally intended, and as managed for several years after its introduction, the custom of giving samples of the newer drugs, medicines and preparations, was a very useful and interesting feature of the annual meetings of the American Medical Association and of the various other national and state societies. It afforded a pleasant and certain method by which physicians were not merely made acquainted with the articles presented but were brought into personal rapport with the manufacturers and dealers. As the years have passed the number of those who attend these annual meetings has vastly augmented, and there has been a corresponding growth in the ranks of exhibitors. With the inevitable increase in trade competition, year by year the scramble for position in the space allotted to exhibits has increased, and the same must be said about the size and elegance of the displays, the climax being reached at the late meeting in Cincinnati.

What the result was, may be gleaned from the remarks of Dr. N. S. Davis made in open session one morning when the corridors allotted to exhibits were crowded to suffocation, and the benches in the hall were nearly empty. "If," said the venerable Father of the Association, "the members would spend more of their time in the sessions, and less of it among those *hawkers* out there, more of the objects of our meeting would be accomplished"—not in these exact words, but in those of similar import, and words which set more than those within the immediate range of his voice to thinking that change in the whole system of exhibits and sample giving must be effected immediately and radically.

This must come either from the part of the exhibitors, or of the Association, and we are quite sure that if the heads of the great houses who furnish the larger and finer displays could only have been present at Cincinnati and have witnessed the manner in which advantage was taken of their enterprise

and generosity, there would be no question as to who would inaugurate the step. They themselves would be the first to put an end to the exhibitions of greed, meanness and absolute dishonesty which were to be seen at almost every turn during the morning and afternoon hours—the men, women and children leaving the building loaded down with “samples” of everything that was to be gotten for the asking, carrying them off by the pocketsful, armsful and basketful, to dispose of how? The sketch, on another page is no fancy one, but was drawn from life, as many members who witnessed it, and saw the artist at work can testify.

We cannot leave this unpleasant subject without recording, as a hint to the solution of the difficulty, the example set by one St. Louis firm of manufacturing chemists. They made an exhibit, a very fine one, but gave away no samples. Their preparations were shown in bulk, in great jars of cut glass bearing simply the name of the article and manufacturer. The exhibitor, however, took the name of each physician who desired it, and will send to his home address a sample of any or all of their products. Another St. Louis house refused to exhibit, the long-headed and clever vice-president of the company declaring that “Doctors get away from home only once a year and it is a shame to bedevil them with shop and samples on that occasion.”

COMPLIMENTS TO THE JOURNAL.

It is not often that the Publishers of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL have anything to say in its editorial pages, but since with the present number the JOURNAL completes its forty-fifth year and fifty-fourth volume, we may be pardoned for speaking of ourselves just a little bit and for reproducing the following letter from one of the largest advertisers in the world—the Battle & Co. Chemists Corporation:

BATTLE & CO. CHEMISTS CORPORATION.

St. Louis, Mo., May 15th.

THE MEDICAL AND SURGICAL JOURNAL Co., St. Louis.

GENTLEMEN:—In renewing our contract for advertising with you, it affords us real pleasure to state that the ST. LOUIS MEDICAL AND SURGICAL JOURNAL has given us entire satisfaction as an advertising medium. Indeed, we may say that it has been of more real service

to us during the past year than any other journal in which we advertise, and we most heartily commend it to all advertisers in the medical and surgical line.

[Signed]

BATTLE & CO. CHEMISTS CORPORATION.

C. A. BATTLE, V. P.

We have received similar letters from a number of our advertisers not only at home, here in St. Louis, but from the North and East. Many of their advertisements we have carried for years without renewals of contract, or rather on unlimited contracts—facts which speak for themselves as to the value of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL as an advertising medium.

To be this—a good advertising medium, it is necessary that a journal have other merits. It must please the profession, in order to secure the circulation which is requisite to repay the advertisers. It is with pride and pleasure, therefore, that we call the attention of all to whom this copy of the JOURNAL shall come to the INDEX OF MATTER with which we close the present volume; to the list of those who have contributed to its pages; and last, but not least, to the long catalogue of engravings with which it has been illustrated.

These speak for themselves as to the outlay of time and money which we have expended to make the JOURNAL one representative of the Medical Profession of the West.

We shall not remain content with the successes thus achieved, nor shall we relax our efforts to please both SUBSCRIBER and ADVERTISER. We shall continue to add to the distinctive features of the JOURNAL as opportunities arise for the introduction of improvements, and shall do our best to make our patrons feel that they are getting the worth of their money in each number that appears.

THE MEDICAL AND SURGICAL JOURNAL CO.

The First Two Volumes of the Transactions of the Ninth International Congress are ready for distribution. The members in attendance at the Cincinnati meeting obtained their copies.

An International Congress of Dermatology and Syphilography is to be held in Paris some time in 1889. Ricord is to be honorary President and Hardy will preside.

Department of Microscopy.

CONDUCTED BY

FRANK L. JAMES, PH. D., M. D., of St. Louis.

New Method of Investigating Blood.—Biondi's method, as described in the *Archive für Mikroskopische Anatomie*, is as follows: The blood, freshly drawn, is instantly placed in a two per cent osmic acid solution, a cubic centimetre of the solution being used to two or three drops of blood. The mixture of blood and osmic acid solution is then placed in dissolved agar-agar and the whole allowed to harden in the moulds usually employed. The hardened material is cut into small pieces and placed in alcohol of 85° for several days. The sectioning may be done either in pith or (preferably) in paraffin. The sections may be stained in any of the ordinary stains.

Potato Cultivation.—Eisenberg has discarded the raw potato for cultivation purposes, and now uses the cooked tuber. He describes his method in the *Centralblatt für Bakteriologie und Parasitenkunde*, from which we learn that he first steams the potato until it is thoroughly cooked, as for the table. The peeling is stripped off and the tuber mashed in a mortar until perfectly smooth and homogeneous. The mash is then pressed or patted down into glass pans about two inches in diameter and provided with a grooved and closely fitting cover. The pans and contents are sterilized by being placed in a steam sterilizer for three successive days, leaving them therefor thirty minutes each time, the cover being applied before putting the pans into the apparatus. If the material is wanted for immediate use the cover is slightly raised, the inoculation made and the cover replaced. If it is desired to preserve them for several days the pans are in-

verted and melted paraffin run into the grooves, which seals and makes them air tight. Water of condensation may be gotten rid of by holding in a Bunsen burner for a few moments prior to sealing.

A New Stain for Tubercle Bacilli.—This is boro-fuchsin, and is prepared and used by Dr. Lubimoff as follows : Dissolve 1 part of fuchsin (magenta) in 30 parts of absolute alcohol ; also dissolve 1 part of boracic acid in 40 parts of distilled water, and mix the solutions. The solution is always ready for use, and does not decompose or change. The sputum, dried in the usual manner, is put into the solution and kept there from one to two minutes. It is then bleached by dipping for an instant in dilute sulphuric acid, washed in alcohol, and then placed for a half minute in methyl blue (saturated alcoholic solution), washed with distilled water, and dried. It may be mounted in balsam or damar. It is said that the bleaching or decolorizing with dilute sulphuric acid is almost instantaneous. An experiment with the new method made very recently by the writer, gave very satisfactory results, though no better than those obtained by the older processes. The chief, indeed the only advantage which it offers is the rapidity with which the staining can be effected. In extemporaneous work this is sometimes quite a desideratum.

American Society of Microscopists.—The official announcement of the annual meeting which, as before stated, is to be held at Columbus, Ohio, on August 14th, is at hand, and from it we take the following items which will be of service to those intending to be present.

“Columbus is accessible, attractive and a University City, one which affords all conveniences and facilities that can be desired for the entertainment of our Society. Thorough preparation will be made to receive all who may attend.”

“There are more members than ever before ; the place of gathering is central ; the American Association for the Advancement of Science meets the following week in Cleveland, Ohio, making it convenient for many who desire to attend both conventions ; and, moreover, there is manifestly a growing and abiding interest in the work of the Society. There is

also some interest attached to the fact that this completes ten years of existence as an organization, and it is hoped that as many as possible of the forty-nine who took part in the initial meeting at Indianapolis will be present that they may be honored by the Society."

"Practical work or demonstration has been a valuable feature of our annual gatherings since the Chicago meeting in 1883. This year more time than heretofore will be thus devoted. The Society at Pittsburgh directed the Secretary to provide, if possible, a demonstration for each session in addition to the usual Working Session occurring on Thursday afternoon of the week of meeting. The committee on Working Session is, by appointment, as follows: C. C. MELLOR, Pittsburgh; T. B. STOWELL, Cortland, N. Y.; and A. M. BLEILE, Columbus. It is urged that prompt and cheerful assistance shall be accorded both the Secretary and the Committee in preparing this part of the annual programme."

Blanks may be had if desired, by addressing the Secretary, Professor THOS. J. BURRILL, Ph. D., Champaign, Ill. A circular giving specific information regarding railway fares, hotel rates, etc., will be issued by the Secretary by the middle of July.

Department of Dermatology and Genito-Urinary Diseases.

CONDUCTED BY

A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

Stings of Insects.—One of the best applications with which I am acquainted for the bites and stings of insects is campho-phenique. It should be applied immediately. The pain subsides at once and no sign of inflammation follows.

Chrysarobin Stains.—To remove the stains, occasioned by this substance, from clothing, immerse the stained portion in a saturated solution of sodium or potassium carbonate. The fabric should remain but a few moments in this solution; it is then to be washed in hot water.

Favus in an Infant.—At a late meeting of the New York Dermatological Society, Dr. H. G. Piffard presented the photograph of acaseof favus in a baby (*Journal of Cutaneous and Genito-Urinary Diseases*). He stated that the mother had favus. Shortly after she brought the baby to him and it had the disease, although only six weeks old. This is probably the youngest case of the disease which has been seen or reported.

Xeroderma Pigmentosum.—This affection of the skin, first described in 1870, by Hebra and Kaposi, is one of the rarer skin diseases. There have been 40 cases observed and recorded, and of these Dr. R. W. Taylor, of New York, has described seven cases (*N. Y. Medical Record*). He regards the disease in the same light as Kaposi, Geber, Neisser and Pick. The occurrence of melanotic sarcoma and of carcinoma in the growths demands more extended study.

Bromidrosis.—This distressing condition, more especially when localized in the feet, is one which frequently renders those subject to it hypochondriacal. About two years ago I called attention to the treatment of Dr. Legoux who has had good success. For two days the patient was made to bathe his feet in a cold infusion of walnut leaves. Then the following was ordered :

R	Glycerini.....	℥ i.
	Liq. Ferri Perchlorid.....	℥ iij.
	Ess. Bergamot.....	gtt. ij.
M.	Sig. Paint feet morning and evening.	

In a fortnight a cure was effected, improvement being felt after the first application.

Anthrarobin.—This substance is brought forward as a succedaneum to chrysarobin. It is employed in the same class of diseases, and, according to Behrend (*Vierteljahresschrift fuer Dermatologie und Syphilis*), it is equally efficacious without possessing its toxic properties or irritating tissues to the same extent. Some of the formulæ given are as follows :

R	Anthrarobini.....	gr. lxxx.
	Ol. Olivarum.....	℥ ss.
	Lanolini.....	℥ j.
M.	Sig. Ten per cent ointment.	

- R Anthrarobini..... 3 ij.
 Ol. Olivarum
 Lanolini..... aa 3 ss.
 M. Sig. Twenty per cent ointment.

 R Anthrarobini..... gr. lxxx.
 Alcoholis..... 3 jss.
 Solve in balneo aquæ.
 Sig. Ten per cent tincture.

The author has had good results in psoriasis, herpes tonsurans, erythrasma and pityriasis versicolor. If the skin is previously washed with spirits saponatus kalinus, or with sapo viridis, the efficiency of the remedy is enhanced. Anthrarobin is not quite so active as chrysarobin, but this disadvantage is more than counterbalanced by its less irritating properties and the great toleration the skin manifests in regard to it.

Vesical Tuberculosis.—M. Guyon, of Paris, states that tuberculosis of the bladder may be recognized quite early; but its treatment by modifying the urine and by intravesical injections has given rise to very little good. General treatment has always given better satisfaction. When, however, pains arise that are such as to render life unendurable an operation becomes necessary. M. Guyon has operated in six cases, performing the hypogastric operation. In four cases the pains were diminished to a considerable degree. In the two others a careful curetting of the bladder was made and, a few weeks after, there was a complete disappearance of tubercle bacilli from the urine, they having existed in large numbers previously to the operation.

Double Frænum.—The accompanying cuts illustrate a singular congenital malformation of the penis, occurring in the practice of Dr. Frank L. James, of this city. The patient, a gentleman of 24 or 25 years of age, consulted him for a balanoposthitis, attended with superficial ulcerations of the prepuce, which had persisted in despite of treatment for several years. To use the language of the patient "there was scarcely a time, as far back as he could remember, when he did not have something the matter with his penis." Coition was almost impossible at all times, or when effected, produced great pain and an exacerbation in the local troubles.

On examination, the foreskin was found to be ulcerated and eroded, and a large amount of purulent matter exuded from beneath it. An attempt to draw it back over the glans was exquisitely painful, the pains being referred more

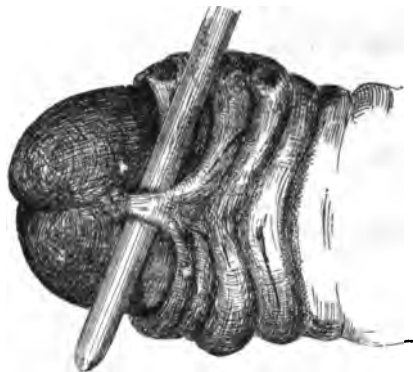


FIG. 46. Penis, with sound passed under superimposed frænum.

especially to the attachment of the frænum. Pinching it up at a point just back of the raphe, a mass of matter poured out, and the skin beneath seemed to be loose. Thinking that there was a perforative ulceration, Dr. James slipped a steel sound between the foreskin and glans, and was surprised to see the end of it appear on the opposite side of the frænum, as shown in Fig. 46 above. A little examination showed that there was no perforation, but a congenital malformation—that there were two fræna, one covering the other. Retaining the bougie in place, the band was severed close to the glans, and instantly the fold of skin to which it was attached slipped backward disclosing the normal frænum beneath. The superficial frænum seemed to be a band of tough skin



FIG. 47. Piece of skin removed.

shaped as shown in the annexed figure, *a* being the point of attachment to the glans and *b* the base, or cutaneous attachment.

Fig. 48 represents the appearance of the penis a few days after the excision of the band, *a* being the point of glandular attachment, *b* the point of cutaneous attachment, as it appeared when the skin was in a normal condition, and *c* the

same point when the glans was entirely "skinned." In erections when the skin was drawn back (as in connection) the points *a* and *b* were over an inch and a half apart. Strict attention to cleanliness soon caused a complete disappearance

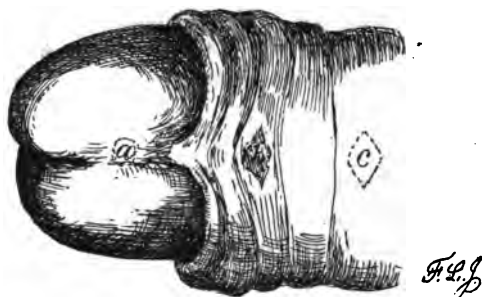


FIG. 48. Appearance after excision of frænum.

of ulceration and balanitis, nor has the patient ever had any trouble in coition since the severing of the band. The patient stated that his penis had been in the condition in which it was found by Dr. James, from his earliest childhood.

Department of Diseases of the Eye and Ear.

CONDUCTED BY

A. D. WILLIAMS, M. D., St. Louis.

Central Blind Spots After Injury of Head.—An old physician in central Missouri, fell down stairs, striking his head against the wall, but causing, as he supposed, no serious injury. He did not suffer to any great extent and was in a short time up and about. Not long afterwards his vision began to fail and he was soon unable to read. When I examined him, a few months since, I found that in the center of each retina was a totally blind spot, the size and form of which was about the same in each eye. The peripheral vision remained comparatively good. When the patient wished to see anything he would have to look sideways at it, so as to get the image to fall upon the retina far away from the centre.

Persons he met upon the street appeared to him as headless, the bodies being visible to him (unless he looked sideways or upwards) only to the shoulders. This, as is easily imagined was excessively annoying to him. The result in this case was evidently due to a brain lesion, the exact nature and action of which is very obscure. The prognosis is very bad of course. The patient was aged, in the first place, and the trouble of many months' standing, both very unpromising features.

Periostitis of Orbit.—Inflammation of orbital periosteum is occasionally observed. It may be limited to a small area, or it may be general and involve the entire orbital periosteum. The disease is usually specific, though I have seen cases where there was no evidence of syphilis. The diagnosis is comparatively easy. Its development, as a rule, is sudden. On the contrary orbital cysts and tumors develop slowly. In all, the eye may be pushed far out of its socket, either straight forwards, or towards any side. But the best means of diagnosis is the touch. If, when the finger is pushed in between the eye and the edge of the orbit, a hard ridge, springing up from the bone and continuous with it, can be felt (the whole trouble being of recent origin), the diagnosis of orbital periostitis is settled. If this swelling can be felt only in one place, periostitis is probably circumscribed, but if it can be felt all around, then it is general. My experience shows that the periostitis is not likely to extend forwards to the free margin of the orbit, but usually stops short of that. The pain is not uniform; it may be great or very slight, depending upon the amount of swelling and extent of displacement of the ball. If no swelling of the periosteum can be felt, then the history will have to determine the diagnosis.

Orbital periostitis is not strongly inclined to suppurate. On the contrary, acute inflammation in the connective tissue of the orbit, as elsewhere, readily suppurates. The prognosis is favorable. Whether the disease is specific or not, the treatment consists in giving iodide of potassium freely. The dose should range from 10 to 40 grains thrice daily. The large doses are indicated particularly in cases of known syphilitic origin.

Extirpation of Lachrymal Gland.—In certain incurable conditions of the lachrymal apparatus the removal of the lachrymal gland is the proper, and indeed the only thing to do. I have performed the operation in two cases with good results. I report the particulars of one case in order to show the conditions which perfectly justify the sacrifice of the gland. The patient, a white man, of middle age, was a railroad laborer. His right eye filled so constantly with tears, which streamed down over his face so that he was practically disabled, being compelled to constantly wipe the eye. Becoming desperate he determined to have relief, if it were possible. On examination I found that the lower punctum lachrymale and canaliculus were completely obliterated from some cause so that it was impossible to open a passage so the tears would drain off into the nose. It will be remembered that the upper punctum and canaliculus practically have nothing to do with carrying off the tears. I explained the situation to him fully and told him of the impossibility of getting the water to flow into the nose in the natural way, and suggested the extirpation of the lachrymal gland, which was the source of the tears, as the only certain means of relieving him of his annoyance.

“Do it on the spot,” was his determined reply.

I incised the skin close under the upper outer edge of the orbit, cutting close to the bone, passed my finger in and readily found the hard gland lying against the bone, from a quarter to half an inch from the upper outer margin of the orbital bone. I drew it out with a small hook and dissected it loose with the scissors. The cut was stitched together and in three or four days the patient was well. I found that I could now apply very strong irritants (the wine of opium for instance) to the eye without causing the lids to fill with tears. In short the operation was a complete success.

In making this operation the only precaution necessary is to keep close to the bone so as to avoid other orbital structures. I think the result in this case (and in the other, which was very similar) justify me in saying that in such exigencies extirpation of the gland is the only course to pursue.

Medical Progress.

THERAPEUTICS.

Nicot's Hypnotic Potion.—This consists of five parts (by weight) of methylal dissolved in 110 parts of water, and sweetened with 40 parts of syrup of currents or any of the bland syrups. The dose for an adult is a tablespoonful.

Hydrobromate of Quinine in Pernicious Malarial Fever.—Dujardin-Baumetz says that in addition to sulphate of quinine in high doses, he has used hypodermic injections of hydrobromate of quinine, with great success. His plan is to give the sulphate in the usual manner in the intervals and, as the period for a crisis approaches, to reinforce the antipyretic action by administering subcutaneously from 15 to 30 minims of the following solution :

℞ Quinine hydrobromate..... gr. x.
Distilled water..... ʒ iss.
Mix and dissolve.

The injections should be several in number, given during the course of two hours.

Treatment of Phthisis.—Dr. J. Rouquette claims to have obtained good results in phthisis (*Thérapeutique Contemporaine*) by pursuing the following course of treatment :

1°. Energetic revulsions by punctate cauterizations, made once or twice a week, according to the gravity of the case ;
2°. As tonic a regimen as possible ; 3°. To take between meals, one, two or three pills composed as follows :

℞ Pure Creasote.....
Iodoform..... ʒā gr. ʒ
Arsenate of Sodium..... gr. ʒss
Chloride of Calcium gr. ʒ
Extract of Opium gr. ʒ
Terpin..... gr. ʒ
Neutral Acetate of Copper..... gr. ʒ
Price's Glycerin..... q. s.

M.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Pathogeny of Ingrowing Nails.—At the late meeting of the French Surgical Congress, M. Poncet, of Lyons, called attention to the fact that lateral onychia is found chiefly in patients from fifteen to twenty-five years of age. Gosselin had regarded the disease as one dependent upon growth. M. Poncet made some observations in regard to this question and found that there is a want of harmony between the development of the soft parts and that of the nail in young subjects. In these the big toe is relatively larger, and the nail thinner and smaller. It is on this account—that of unequal growth and development—that the phenomenon of ingrowing nail is so frequently observed in early adult life.

Hæmorrhage in Chronic Liver Troubles.—In speaking of a case of cholecystotomy in a child, whose death was caused by secondary hæmorrhage, M. Vincent enunciated the following points to the French Surgical Congress: Hæmorrhage is always to be feared in subjects who have a chronic affection of the liver. This hæmorrhage may be not only considerable, but dangerous, although no lesion of the large blood vessels exists. In children, the volume of the liver and its descent make it a better procedure to make an incision in the median line, in preference to that along the external border of the right rectus abdominis muscle.

Contractions of Fatty-Degenerated Muscular Fibre.—Dr. Wm. H. Welch, in his second lecture on the General Pathology of Fever (Cartwright Lectures) states that once, in tearing out a bit of fatty heart muscle from a rabbit, he made a curious observation. Near the edge of the cover-glass, where there was a slight current in the physiological salt solution, rhythmical contraction was observed in a group of muscle fibres. This interesting spectacle could be watched under the microscope for ten minutes. The contracting fibres were filled with fatty globules, and only here and there, and then indistinctly, could any trace of striation be detected. This observation teaches that a fatty-degenerated muscular fibre is capable of contraction, but, of course, warrants no further conclusions.

Presternal Muscle.—Among the rarer anomalies of muscles in man, the presteral muscle ranks very prominently.

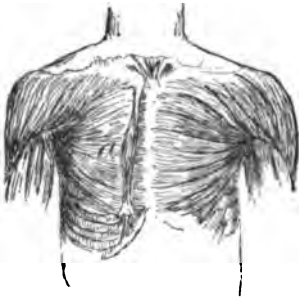


Fig. 49. *a* Presternal Muscle. inserted in the fifth, sixth and seventh costal cartilages as shown in the figure. The origin of the muscle is by means of a strong fibrous band in the middle part of the manubrium of the sternum.

Testent in his work published in 1884, called attention to this. J. Rubinovitch figures a case of this anomaly in *Progrès Médical*. In the case reported the muscle is single (*a* Fig. 49) and situated to the right of the median line. It is fusiform, tendinous at both extremities. The lower tendon divides into three secondary extremities, which are

Paralysis Following Whooping Cough.—Dr. Mœbius relates in the *Annales des Maladies du Larynx* the history of a case of paralysis consecutive upon pertussis. The patient was a child of six years, who six weeks after the onset of the disease began to exhibit a difficulty in walking and in sitting down. The muscles were flacid but not atrophied; sensibility was intact and electrical reactions remained normal. At the end of three weeks the legs became stronger, but the arms, the muscles of the back, and of the diaphragm were paralyzed in turn. For a time the symptoms were grave, respiration became painful, and there was a general aggravation. Amelioration finally set in and little by little every paralytic symptom disappeared. Mœbius compares this curious case to the paralysis sometimes following diphtheria and ascribes the phenomena to a similar or identical pathological condition.

DISEASES OF WOMEN AND CHILDREN.

Uterine Retroversion.—M. Berrut, of Paris, claims that when the uterus is in its normal position, neither the posterior aspect of the cervix nor the posterior vaginal cul-de-sac can be felt, the woman being in the erect position. If the cul-de-sac can be reached, there is uterine retroversion. This retroversion may be temporary only; in such a case, no treatment

is necessary. But, if it be permanent and painful, the malposition must be corrected and the uterus maintained in the proper manner.

Treatment of Eclampsia.—Pajot's method in this trouble is as follows: Never induce premature labor. If the attack comes on during labor, treat medicinally only and do absolutely nothing until the os is dilated. When the os is dilated, the uterus must be emptied of its contents as rapidly as possible, without using any violence. Delivery is to be accomplished in the ordinary way, and the medical treatment is to be continued after the accouchement. The more frequent the attacks, the greater the liability to death; and, inversely, the less frequent the attacks, the more chance there is of saving the patient.

Erysipelas and Puerperal Fever.—At a meeting of the Académie de Médecine, M. Doyen read a paper on the relations existing between erysipelas and puerperal fever. By means of clinical observations and experimental inoculations, the author claimed to have demonstrated that the puerperal streptococcus, which is the micro-organism characteristic of that affection, almost always produces erysipelas and a small abscess in the rabbit; in woman, it often produces erysipelas, phlegmons or purulent pleurisy. The streptococcus of erysipelas produces the disease in rabbits, almost invariably, and sometimes phlegmons or peritonitis in man. The streptococcus of pus sometimes produces erysipelas in the rabbit. These three streptococci, identical in cultures, appear to be one and the same whose manifestations may vary.

Scoliosis due to Unequal Growth of the Lower Limbs.—M. Bilhant has observed several cases of this character. He thinks that, in all cases of scoliosis, an examination should be made to see if the lower extremities are of equal length. In cases where the inequality is determined, as respects the lower limbs, the scoliosis is to be attributed to this cause, in case other and more potent causes cannot be found. The immediate treatment consists in establishing the equilibrium by means of the use of supplementary soles within and without the shoe of the shorter limb. In addition to this, the subjects of this trouble should follow a treatment

which will tend to increase the growth of the limb which is imperfectly developed, such as special exercises. In addition to this, massage, gymnastic exercises, electricity and hydrotherapy would prove of benefit, not only to correct the deviations in the spinal column, but also to keep them within the lowest possible limit.

Sterilization of Food for Infants.—Dr. J. Amory Jeffries contributes a valuable article on the above subject to the *American Journal of the Medical Sciences*. He details his experiments and in conclusion lays down the following rules: Stopper the flasks with cotton wool, and heat them in the oven for thirty minutes, at a mild baking heat, or until the wool becomes brown. Pour the requisite quantity of food into the flask and then place in the heated steamer for fifteen minutes. The annexed diagram of a convenient steamer is given. The vessel should be of convenient size, at least eight inches across the bottom—better a foot, and sixteen inches high inside; four inches from the bottom, there should be a projecting rim, on which a perforated metal plate may rest. The cover should be kept tight so as to hold the steam and prevent the ingress of air. For use, two or three inches of water is placed in the bottom and brought to a fast boil; the flasks are placed near the centre of the diaphragm, the cover replaced, and the whole allowed to steam for fifteen minutes. There must be a sufficient supply of steam to keep the upper chamber full and the milk should be steamed when first received, preferably in the flasks from which it is fed to the infants.

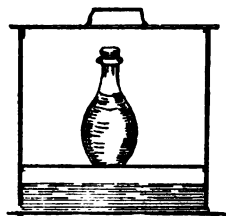


Fig. 50.

An Infant with two Mouths.—We copy the following cut from the *Australasian Medical Gazette* for April, in which we find an account of the singular monstrosity which it represents. The case is reported by Dr. Alfred Austin London, honorary medical officer of the Children's Hospital at Adelaide. The infant was shown, when only one day, old at the last annual meeting of this branch of the Association, and subsequently at the late Intercolonial Medical Congress, where the case attracted considerable attention. Dr. O'Flaherty, who attended the mother in her confinement, regarded the de-

formity as a very unusual form of hare-lip, and this opinion was shared by those who examined it here; but more careful investigation showed that in all probability it was an attempt at twinning which had resulted in the development of a male foetus, with one head, body, and set of limbs, but with two mouth cavities, not completely shut off from one another. When the child was asleep it appeared as though it had only one mouth, much larger, however, than usual, and as though it were sucking in this mouth a large fleshy mass, covered with healthy skin, which was always suggestive of a mouthful of boiled pork too large for it to swallow. This fleshy mass was attached for about one inch to the edge of the upper lip, just on the left side of the median line of the face, and was evidently formed by the fusion of the two adjacent cheeks, being marked by a faint vertical groove. From its continuity with the lip, it sloped obliquely across the mouth, being directed downwards and backwards and to the right, and its attachment extended backwards along the roof of the mouth and merged into what appeared to be a central pillar of the fauces formed by the junction of the contiguous faucial arches. Round the central pillar a bent probe could be passed, showing that both mouths opened into a common pharyngeal cavity.

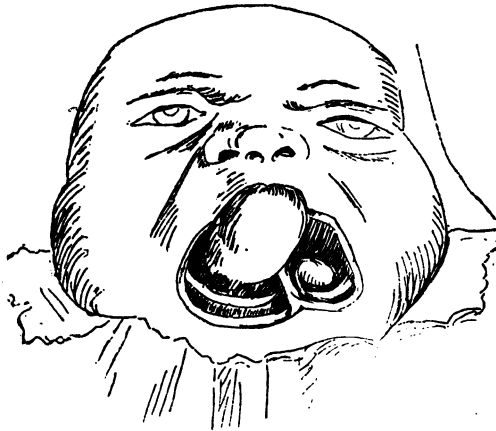


Fig. 51. Infant with two Mouths.

The right tongue was visible in its mouth, which was too narrow to allow of its lying flat in it, consequently it was arched transversely, and looked thicker than natural. This was

even more marked in the left tongue, which was much smaller and did not reach to the front of the mouth, being out of sight when at rest. The nose, as a whole, was large and wide, and the columella inordinately thick. At the junction of the columella with the lip a third central nostril was seen, large enough to admit a probe. The child lived for three months, fed on the bottle, but suffered with thrush almost continuously. It finally died of inanition. The reporter closes his interesting account of the case by wondering "had the child lived would it, like the two headed nightingale, have been able to sing with both mouths?" The parents were healthy and had five other children, none of whom were deformed in any manner.

SURGERY.

Massage in Juxta-Articular Fractures.—A clinical study of this subject has been made by Dr. Rafin (*Lyon Médical*) and, after a careful consideration of the subject, he has come to the following conclusions:

1°. Massage applied to the treatment of fractures near or including joints is not deserving of the neglect or obloquy to which it has so far been subjected.

2°. Massage without an immobilizing apparatus (splint) is to be applied to such of the above fractures as are not displaced.

3°. Massage favors absorption of effused blood, and by that means hastens the process of repair. It also hastens a return of the function in the limb. It prevents plastic products from organizing, and also the muscular atrophy due to splints.

4°. The faults attributed to the method are:

a. Massage hinders consolidation of the fragments. The record of cases seems to contradict this in the majority of cases of fracture near a joint.

b. Massage may bring about deformity. This result can always be prevented by the prompt application of a plaster of paris splint.

c. Massage is painful. This objection is well founded; more especially is it marked in children, but toleration is soon established.

5°. Any break in the skin constitutes a formal contra-indication to the primary treatment by massage.

Society Proceedings.

AMERICAN MEDICAL ASSOCIATION.

The thirty-ninth annual meeting of the Association was held at Music Hall, Cincinnati, May 8, 9, 10 and 11.

The General Sessions were well attended and a great deal of business was transacted, as the following will show:

FIRST DAY.—MAY 8TH.—MORNING SESSION.

Dr. W. W. Dawson, Chairman of the Committee of Arrangements, called the meeting to order, and was followed by Rev. R. A. Gibson, who offered a prayer. An address of welcome was made by Hon. Amos Smith, mayor of Cincinnati. Dr. C. G. Comegys then welcomed the visitors on behalf of the local profession, and was followed by the President, Dr. A. Y. P. Garnett, of Washington, D. C., who chose as the subject of his address, the "Mission of the American Medical Association," advocating a higher plane of medical education.

A petition from many members that the various sections be permitted to hold meetings in the morning as well as in the afternoon, was presented by Dr. N. S. Davis, and the request was granted.

There being no more business, an adjournment was had. In the evening an informal reception was held at the Burnett House.

SECOND DAY.—MAY 9TH.—MORNING SESSION.

After calling the meeting to order, Dr. Roberts Bartholow, of Philadelphia, delivered the "Address on General Medicine," which was listened to attentively.

The report of the Board of Trustees on the publication of the *Journal*, as presented by Dr. J. H. Hollister, secretary of the Board, showed that it was in good condition.

Dr. Wood presented the report of the Committee on Dietetics, which, while it was only intended as a preliminary

report, was one embodying many sound and valuable facts. The committee was continued for another year. Dr. Woodbury read the report of the sub-committee on Infant Feeding.

The consideration of amendments to the constitution came up next. The first, that members by application should be members of state, county or district societies, and should present a certificate of good standing therein, was adopted.

The second, that a Committee on Publication, consisting of nine members, three of whom to be annually elected for a term of three years with complete control of the *Journal*, was adopted.

The third, relating to the substitution of a standing committee for the present nominating committee, was made a special order of business for the next general session.

In the evening the members attended a reception in the Art Museum at Eden Park.

THIRD DAY.—MAY 10TH.—MORNING SESSION.

After the meeting had come to order, a series of resolutions from the Arkansas State Medical Society, condemning the publication of quack advertisements in religious newspapers, was read, endorsed and ordered spread upon the minutes of this session.

The Committee on Nominations then made the following report, which was adopted and the candidates unanimously elected :

President, W. W. Dawson, of Ohio; *First Vice-President*, W. L. Schenck, of Kansas; *Second Vice-President*, Frank Woodbury, of Pennsylvania; *Third Vice-President*, H. O. Walker, of Michigan; *Fourth Vice-President*, J. W. Bailey, of Georgia; *Treasurer*, R. J. Dunglison, of Pennsylvania; *Secretary*, William B. Atkinson, of Pennsylvania; *Librarian*, C. H. A. Kleinschmidt, of the District of Columbia; *Trustees* (to fill vacancies), E. M. Moore, of New York; J. H. Hollister, of Illinois, and J. M. Toner, of the District of Columbia; *Members of the Judicial Council*, W. A. Phillips, of Kansas; A. M. Pollock, of Pennsylvania; W. C. Vanbibber, of Maryland; J. F. Hibbard, of Indiana; C. S. Wood, of New York; J. M. F. Gaston, of Georgia; W. H. O. Taylor, of New York, and G. L. Porter, of Connecticut; to deliver the Address on

General Medicine at the next annual meeting: William Pepper, of Pennsylvania; Address on General Surgery: P. S. Connor, of Ohio; Address on State Medicine: W. H. Welch, of Maryland. For the Committee on State Medicine one member was appointed from each State. Sub-committee to fill vacancies that might occur: J. B. Hamilton, William Brodie, and A. Garcelon. It was announced that the Association would hold its next annual meeting in Newport, R. I., on the second Tuesday in June, 1889. Dr. H. R. Storer, of Rhode Island, was appointed Chairman of the Committee of Arrangements.

Dr. E. M. Moore, of Rochester, N. Y., then followed with the reading of the Annual Address on Surgery, in which he presented an admirable review of modern surgery and surgical procedures.

The Rush Monument Committee next stated that it had received but \$709.00 so far. The Treasurer of the Association announced a balance of \$2,407.83 in the treasury. The Librarian reported 7,500 volumes in the Association Library.

The third amendment to the constitution was next debated at length, and, finally, laid upon the table; a similar course being observed with a petition from the Women's Christian Temperance Union.

In the evening a complimentary concert in Music Hall was attended by members of the Association.

FOURTH DAY.—MAY 11TH.—MORNING SESSION.

The meeting being called to order, Dr. H. P. Walcott, of Massachusetts, read the Address on State Medicine, in which he urged the organization of some central health authority.

A resolution urging Congress to pass Senate Bill No. 2493, was adopted. This bill has passed the Senate, and its object is to perfect the Quarantine Service of this country.

The President announced the following delegates to foreign societies:

R. H. Plummer, San Francisco, Cal.; H. A. Kelly, Philadelphia, Pa.; N. S. Davis, Chicago, Ill.; W. H. Myers, Fort Wayne, Ind.; A. E. Hoadly, Chicago, Ill.; F. E. Waxham, Chicago, Ill.; Alexander McAlister, Camden, N. J.; J. J. Chisholm, Baltimore, Md.; D. A. K. Steele, Chicago, Ill.;

J. V. Shoemaker, Philadelphia, Pa.; S. J. Jones, Chicago, Ill.; J. E. Owens, Chicago, Ill.; Ephraim Cutter, New York; L. A. Sayre, New York; C. C. Vaughn, Ann Arbor, Mich.

Dr. N. S. Davis, chairman of the Committee on Meteorological Conditions, presented a report, after which the election of the officers of sections was announced as follows:

Practice of Medicine, F. C. Shattuck, Boston, Mass., Chairman; G. A. Fackler, Cincinnati, O., Secretary. *Surgery*, N. P. Dandridge, Cincinnati, O., Chairman; W. Q. Roberts, Louisville, Ky., Secretary. *Obstetrics and Gynecology*, W. H. Wathen, Louisville, Ky., Chairman; A. B. Carpenter, Cleveland, O., Secretary. *State Medicine*, J. B. Lindsley, Nashville, Tenn., Chairman; S. T. Armstrong, Marine Hospital Service, Secretary. *Ophthalmology, Otology, and Laryngology*, G. E. Frothingham, Ann Arbor, Mich., Chairman; G. C. Savage, Nashville, Tenn., Secretary. *Diseases of Children*, J. A. Larrabee, Louisville, Ky., Chairman; C. J. Jennings, Detroit, Mich., Secretary. *Medical Jurisprudence*, W. Kiernan, Chicago, Ill., Chairman; — Evans, Baltimore, Md., Secretary. *Dermatology and Syphilography*, L. D. Bulkley, New York, Chairman; M. T. Corlett, Cleveland, O., Secretary. *Oral and Dental Surgery*, F. H. Rehwinkles, Chillicothe, O., Chairman; E. S. Talbot, Chicago, Ill., Secretary.

Dr. Quimby, of Jersey City, presented the report of the special committee on criminality of foeticide which was referred to the Section on State Medicine.

Dr. H. O. Marcy, of Boston, chairman, presented the report of the committee on the duties commonly exercised by coroners. Referred and committee continued for another year.

The usual resolution of thanks was adopted and, just prior to adjournment, the request of the Section of Ophthalmology, Otology, and Laryngology, to form a new Section on Otology and Laryngology, was granted.

The meeting then adjourned.

J. Ford Prioleau, an old and successful practitioner, of Charleston, S. C., died in April last, at the age of sixty-two. At the time of his decease he was dean of the Medical College of the State of South Carolina.

CALIFORNIA STATE MEDICAL ASSOCIATION.

EDITORS ST. LOUIS MEDICAL AND SURGICAL JOURNAL:

Last night closed the annual proceedings of one of the most successful and harmonious meetings of the above named society which have ever taken place in this state.

The sessions were well attended (an average of over 200 persons being present), the papers well conceived and prepared and more numerous than the time for their reading and consideration. The discussions were animated and practical, and harmony crowned the whole. "It was good to be there." The society closes the year with nearly \$800 in the treasury, and about 450 members in good standing on the roll. It is expected that the society will add from 100 to 200 more members at the next meeting.

Professor James Simpson received the well-merited honor of election to the presidency for the ensuing year—the honor being enhanced by being conferred by acclamation.

A most interesting feature of the gathering was the admirably arranged microscopic exhibition, which was in a room adjoining the place of assemblage. The specimens were those of endo-arteritis which were well-mounted, very numerous and exceedingly instructive. The microscopes and accessories filled a good sized room. For this admirable feature the members were indebted to Drs. Stallard and Abrams, the latter being professor of pathology in the Cooper Medical Institute of this city.

In addition to this, the society was treated to an able, interesting and instructive paper on bacteriological matters by Dr. Julius Rosenstirn, of the Board of Health, of this city. This was ably illustrated by Professor Runyon, Dean of the Pharmaceutical College of the State of California, whose stereopticon-pictures threw a perfect flood of light upon an otherwise dark and obscure subject. As the pictures came upon the screen, Dr. Rosenstirn explained the objects therein and in a general and particular manner made it both instructive and interesting. The bacilli of anthrax, small-pox, measles, etc., etc., came in for their due share of attention. But I must close, or you may regret that you were not there.

With best wishes for the JOURNAL.

Yours truly,

G. F. G. MORGAN.

San Francisco, Cal., April 20, 1888.

ST. CHARLES CO. MEDICAL ASSOCIATION.

This flourishing society, which was organized about one year ago, held its regular quarterly meeting at O'Fallon, Mo., May 16, last. A number of interesting papers were read and the discussions were of a high order of merit. Dr. J. C. Edwards wielded the gavel, and Dr. J. T. Evans kept the records. The next meeting of this progressive association will be held in St. Charles.

ILLINOIS STATE MEDICAL SOCIETY.

The thirty-ninth annual meeting of the Illinois State Medical Society was held in Rock Island, commencing on May 15, and continuing for three days. There was not a very large attendance upon the opening day, and altogether the number was smaller than in previous years, owing to the fact that it followed so closely upon the meeting of the American Association. All the officers were present and business was transacted in the usual smooth manner observed in this society. The president's address was well received.

Book Reviews.

A Practical Treatise on Diseases of the Skin. By JOHN V. SHOEMAKER, A. M., M. D., 8vo. pp. 633; with colored plates and other illustrations. [New York: D. Appleton & Co. 1888.

In the book before us we have a work which its author tells us was intended for the general practitioner and not for the dermatologist. The idea was to give useful information without burdening the reader with any discursive efforts in relation to the theoretical aspects of dermatology. The author has fairly succeeded in his purpose and the majority of his faults, are those of omission rather than commission of which there are many, some of them important.

Among these striking omissions is that of seborrhœic eczema, a disease which is of frequent occurrence easily confounded with psoriasis or seborrhœa and easily amenable to treatment. Double comedo is not even mentioned although a very common variation of the single variety.

The author classifies erythema as a primary lesion, although wherein it differs from a macule, objectively, we cannot see. Syphilis is placed among the exudations, and yet we are told on page 168 that it "may be said, in brief, to consist of local cell-proliferation, and an accumulation or infiltration of small, round cells." Bromidrosis has its etiology disposed of in two lines, no reference being made to Thin's bacterium foetidum; nor is the fact alluded to that red chromidrosis is generally due to the presence of micro-organisms.

The treatment which is given for the various affections under consideration is fair. Some important points are omitted. The use of keratin for coating pills to render certain medicines unirritating to the stomach is not mentioned; and, yet, in the case of arsenic more especially, it is a very useful measure to adopt, at times. The author does not speak of tannate of mercury in the treatment of syphilis and yet it is a valuable mercurial, insoluble in the stomach but dissolving readily in the intestines and consequently well borne when other preparations interfere with the gastric functions. Nor is any mention made of the use of calomel and yellow oxide of mercury for hypodermic use in the treatment of syphilis, although they are perhaps the most valuable for this purpose.

The good effects of electrolysis in the treatment of elephantiasis arabum and keloid are not mentioned; nor is the use of various reducing agents, such as ichthyol, in the treatment of leprosy. Dr. Shoemaker believes leprosy to be contagious, but acknowledges that "mere contact with the secretions or lesions will not produce any evil results" (p. 456).

We cannot agree with the author when he states that in tinea tonsurans the prognosis is always favorable, because the disease finally exhausts itself. He does not state that when it does, it frequently leaves an indelible reminder of its former presence in the form of bald spots.

Space forbids a thorough review of this work, the above being points taken at random. The style of the author is good, although, at times, it is slovenly. For instance he speaks of the filaria sanguinis as an insect (!); and informs us of the fact (p. 446) that "molluscum fibrosum is an adult affection."

The plates which adorn the book had better have been omitted. The wood-engravings are good. The typography

is excellent, barring a few errors. A formulary containing a mass of more or less useful recipes closes the work. The author has endeavored to do his work conscientiously and has fairly succeeded. He has omitted many useful things in his desire to be concise, but has allowed others less valuable to creep in. The avoidance of technicalities may possibly be of use to that much-abused creature the general practitioner; yet Duhring employs them where necessary and is easily understood. So that after all, it cannot be called a very brilliant improvement. O-D.

Chemical Analysis of Healthy and Diseased Urines, Qualitative and Quantitative. By T. C. VAN NUYS. 8vo. pp. 193; with 39 wood engravings. [Philadelphia: P. Blakiston, Son & Co., 1888.

There are now in use in this country and Europe not less than a dozen manuals of the examination of urine, all prepared by men of acknowledged reputation and ability, and as many more which, while having more or less of originality and excellence, are from the pens of men of lesser note and are consequently not so widely used. Under these circumstances the question may well be asked "what necessity is there for multiplying such text books?" The answer, if given by one who has devoted any time to the examination of the various works in question, and who is himself more or less constantly employed in urine testing, would be—"because every one of these books is more or less faulty in construction, and to a certain extent all are copies of each other or of some prototype which each has more or less closely followed."

The book in hand is rather more elaborate than most of the text books in general use, and goes more into those details which are demanded by the advances of modern methods of physiological and pathological research. In this respect it is a great improvement upon most of its immediate predecessors, and as such is bound to find immediate appreciation not only by the general practitioner, but by the teacher and specialist. In a necessarily abbreviated notice of this description, we cannot point out in detail the advantages which it possesses, as a manual, over other works of the same description. We may note, however, that the author has constantly borne in mind the fact that he is not addressing him-

self entirely to any particular class of students or workers, but has provided pabulum for all. For those who perforce must content themselves with the mere qualitative outlines of urinary examinations he has prepared chapters which give these in the simplest and plainest manner. For those, on the contrary, who are prepared to go into the quantitative estimation of the urinary elements, he has smoothed the way and simplified processes in an admirable manner. The engravings are excellent and new, the typography and material are good, and the book is bound in a substantial and convenient manner. The price is \$2.00.

The Rules of Aseptic and Antiseptic Surgery. A Practical Treatise for the Use of Students and the General Practitioner. By ARPAD G. GERSTER, M. D. 8vo. pp. 332. Illustrated with two hundred and forty-eight engravings and three chromo-lithographic plates. [New York: D. Appleton and Co. 1888. St. Louis: Jno. L. Boland.

When this book made its appearance some little time ago, it created a sensation in surgical circles. It differed so radically from the ordinary text-books; so much of the matter was original—we might almost say personal—and the handling of the subject was in such a different manner that, forthwith, each one wished to read it. We had become so accustomed to the same treatment and the same stock pictures that the work was a revelation.

The book is well written and the author has wisely undertaken not to write an exhaustive treatise. He has, in the main, adhered to a description of the methods used by him and has described the technique in a clear and lucid manner. Among the valuable features of the book may be mentioned the reports of cases, which are concise and to the point. Interspersed throughout the text are to be found "Notes," which contains each one some little point to observe or to avoid. The illustrations are photo-engravings and we have here actual and accurate representations, instead of the usual pictures which have been "worked up" by an artist.

The work on the whole is thorough and reliable. Of course, in a short time, changes will be necessary, as improvements are made in methods. The principles laid down, however, will endure for some time to come; and this latest contribu-

tion to the subjects of aseptics and antiseptics will no doubt find a place in every physician's library. Its merits fully warrant it.

Atlas of Venereal and Skin Diseases. BY PRINCE A. MORROW, A. M., M. D. Fasciculi III. and IV. Quarto with 10 Chromo Lithographic plates. [New York: Wm. Wood & Co. 1888. Price \$2.00 each fasciculus.

In the third fasciculus we have presented to us a very truthful reproduction of one of Kaposi's best plates, illustrating chancre of the forefinger, with syphilide of palm, and chancre of the female nipple with roseola. Plates XII, XIV and XV, illustrating the erythematous, the miliary and the papulo-pustular syphilide are from the same source and equal, in every respect, to the original. Plate XIII illustrating the lenticular papular syphilide is one of Morrow's and fully equal to the others not only in execution, but also in the fidelity with which the affection is portrayed. The fine plates in fasciculus IV are all taken from Kaposi and represent various syphilodermata of a more or less squamous character and mucous patches of the vulva and anal region. Fig. 2 of plate XX is particularly good. The text keeps pace with the plates and the microscopical pathology of the various lesions spoken of, is dwelt upon and illustrated in a thorough manner. We shall await with interest the succeeding parts of this valuable atlas. O-D.

The Year-Book of Treatment for 1887. 8vo. pp. 336. [Philadelphia: Lea Brothers & Co. 1888.

For several years it has been the custom of the Lea Bros. Co. to employ competent editors to cull from the medical and scientific journals of the world all that is new and valuable in the field of medicine and surgery, and to place this before the medical profession in a substantial and neat little book, completely indexed, both by title and author's name. The year-book of 1887, is valuable not only because it is a complete account of all the more important advances made in the treatment of disease, but also because it contains critical reviews by the editors of the various articles quoted from. It is a valuable little work which every physician should possess.

A Guide to the Practical Examination of Urine. By JAMES TYSON, M. D. Sixth edition, 12 mo., pp. 253, with colored plate and numerous wood engravings. [Philadelphia: P. Blakiston, Son & Co., 1888; St. Louis, S. M. Simpson & Co.]

When a book has reached its sixth edition it has acquired a standing among those to whom its literature is more especially addressed, which renders all notice, except of its appearance, almost perfunctory. Prof. Tyson's book has been a favorite manual almost from the moment of the issuance of the first edition, several years ago. In the present edition the author has embodied all of the advances which have been made in the chemistry and technique of urinary examinations up to date, and in so doing has not cumbered his volume with methods which these have displaced. The new matter occupies just about the amount of space which was gained by the omission of the older methods, and in this manner the book has been kept down to the size of the last edition. The price is \$1.50 post paid.

Accidents and Emergencies. By CHARLES W. DULLES, M. D., Third edition, revised and enlarged. With new illustrations. 12 mo. pp. 123. [Philadelphia: P. Blakiston, Son & Co.; St. Louis: S. M. Simpson & Co. Price 75cts.]

This little manual has met with a large and ready sale. It is intended to teach the laity what to do in the interim between the occurrence of any accident and the arrival of the physician. It should be read by everyone having the supervision of many employees. Technical words are avoided as much as possible, and as much stress is laid upon what *not* to do as what to do.

Diseases of the Heart and Circulation in Infancy and Adolescence. By JOHN M. KEATING, M. D., and WILLIAM A. EDWARDS, M. D., Illustrated with Photographs and Wood-Engravings. 8vo. pp. 215. [Philadelphia: P. Blakiston, Son & Co. 1888. Price, \$1.50.]

The authors have, for the past year, been contributing articles on this subject to the *Archives of Pediatrics*, and encouraged by their kind reception determined to place the subject matter before the profession in a more convenient form. In

rearranging their matter they have made many important changes and additions. Avoiding, as far as possible, all unsettled subjects of controversy they have given to the profession the first systematic work on this very important and interesting subject. They have collected their matter from journal articles, clinical lectures, theses, and reports of societies, besides incorporating a great amount of original work. The work will be a great help to any one studying this subject.

Lectures on Diseases of the Heart. By ALONZO CLARK, M. D., LL. D. Octavo pp. 251. [New York: E. B. Treat & Co. 1887.

This book embraces the substance of the lectures delivered by Dr. Clark to his classes at the College of Physicians and Surgeons of New York for many years past, together with reports of cases collected from personal observation and the current literature of the day. The lectures are seventeen in number, and commencing with auscultation, and a description of the heart sounds, carry the student through the entire range of diseases to which the organ is liable, including those of the pericardium. There is no book in any language more thorough or more systematic, and it is one which should be on the table of every practitioner and student. Its value as a book of reference is greatly enhanced by a full and excellent index. The price is \$2.00 post paid.

Literary Notes.

The Cincinnati Lancet-Clinic issued a daily edition during the late meeting of the American Medical Association.

The Philadelphia Medical Times will hereafter be conducted by Dr. W. F. Waugh, Dr. Frank Woodbury having withdrawn from the management.

A Practical Treatise on Diseases of the Skin, for the use of Students and Practitioners. Second Edition, thoroughly revised and enlarged. By James Nevins Hyde, A. M., M. D. 8vo. pp. 676. [Philadelphia: Lea Brothers and Co. 1888. St. Louis: S. M. Simpson and Co., 712 Chestnut St. Price, Leather, \$5.50; Cloth, \$4.50.

The University Medical Magazine is a medical monthly whose initial appearance is announced for Oct. 1. It will contain sixty-four pages of reading matter and will be edited under the auspices of the Alumni and Faculty of Medicine of the University of Pennsylvania. The subscription price has been fixed at two dollars and it will be published by A. L. Hummel, 224 S. 16th St., Philadelphia.

The Three Ethical Codes.—In one cover the publishers of the *Illustrated Medical Journal Company* have given us copies of the codes of ethics of the American Medical Association, the American Institute of Homœopathy, and of the National Eclectic Medical Society. The price of the compilation is 50 cents, and it is worth the money to any physician who wishes to know "*comment*" as the German students say.

Southern Cattle Plague and Yellow Fever.—This is the title of the first bulletin of the new patho-biological laboratory of the University of Nebraska, the opening of which, under Dr. Frank S. Billings, we noticed some months ago. The present publication is a very remarkable one, when all the circumstances are taken into consideration, and we shall take great pleasure in recurring to it at a future time and noticing it more in detail.

The Science of Photography.—This is the name of a new journal devoted to photography in all its branches, including micro-photography and photo-micrography, the first number of which appeared in April. It is issued by J. W. Queen & Co., Philadelphia and costs \$1.00 per annum. Judging by the number at hand we should say that it will prove invaluable to professionals and amateurs alike. So many physicians now use the camera in their daily work that the new journal should find many subscribers in our ranks.

State University of Missouri, Agricultural Experiment Station.—We have received the first bulletin of Dr. Schweitzerd irector of the Experimental Station at Columbia, the issuance of which marks an era in the progress of the State of Missouri. It is in the shape of an address to the farmers, giving them the information necessary to arouse them to the exertions on their part which alone will enable the

station to be that success which its originators intended it should be. We sincerely hope that it will reach and be read by every farmer and stock-raiser in the State.

The Physiological Action of Medicines.—This is the third edition of a handy synopsis in outline of the physiological action of the drugs more commonly used in the practice of medicine. It was prepared originally for the use of the students of the medical department of the University of Pennsylvania, by Drs. Louis Starr and James B. Walker, assisted by Dr. W. M. Powell, but is a most excellent and convenient manual for practitioners as well. It is gotten up with blank pages for memoranda and additions, but is still so small that it can be carried in the vest pocket with convenience. It is published by P. Blakiston Son & Co., and costs a half dollar.

Theine in the Treatment of Neuralgia is the title of an interesting little monograph by Dr. Thos. J. Mays, published by P. Blakiston, Son & Co., of Philadelphia and for sale by S. M. Simpson & Co., of this city, at the price of 50 cents. This essay originally appeared in the *Polyclinic*. The author handles his subject in a manner both interesting and instructive and calls attention to one especially important point in the therapeutic action of this drug, viz: that it acts only on the peripheral portion of the trunk of a nerve and of its ramifications, leaving the higher nerve centres intact, when administered hypodermically. The obvious advantage of this property over morphine, in certain cases, is one which cannot be over-estimated. The author also cautions his readers as to the particular make of the drug which is to be employed, as a number of the ordinary commercial forms are more or less unreliable. The publishers have produced a handsome little book in the publication of this essay.

The Texas Health Journal.—This is the title of a new medical monthly which will be issued at Dallas, on or about July 1, by the Health Journal Publishing Company. The new journal, a prospectus of which appears in our advertising columns will be under the editorial management of Dr. J. R. Briggs, formerly associate editor of the *Texas Courier-Record of Medicine*, assisted by able writers from all parts of the country,

but more especially from that great State which is an empire in itself. The style of the new candidate for medical patronage is to be large octavo in form, each number containing forty-eight pages of reading matter. Dr. Briggs brings considerable experience to the management of the work in hand, and with the enterprise and push of his business lieutenant, Mr. Richard Flood, will give those who favor them with their patronage a journal first class in every respect. The price of the *Texas Health Journal* has been fixed at \$2.00 per annum, but by arrangement with the publishers it will be furnished to new subscribers of the ST. LOUIS MEDICAL AND SURGICAL JOURNAL for \$2.00 for both journals.

Obstetric Synopsis.—This is another of those synoptical little handbooks for which Philadelphia and her medical teachers are fast becoming famous. This time it is the science of obstetrics that is skeletonized, and it is done with a masterly hand, viz., that of Dr. John S. Stewart the demonstrator of obstetrics and chief assistant in the gynecological clinic of the Medico-Chirurgical College of that city of colleges. The scheme is an excellent one, the anatomy of parts most concerned (abdomen, breasts, pelvis, the external and internal genital organs) being briefly but fully figured and described. The physiology of gestation is next considered, and after it comes a consideration of pregnancy in all its phases, including diagnosis by symptomatic, physical and differential signs. Labor forms part four, the puerperal state part five, and part six is devoted to obstetrical operations proper. The whole is freely and most admirably illustrated with well-drawn, new engravings, and being of a most convenient size, is just the thing for the student's use. In the whole series of "quiz compends," "outlines" and "synopses" emanating from the Quaker City, we know of no book that comes nearer deserving its title. It is published by F. A. Davis, and costs \$1.00 post paid.

Books Received.—The following books have been received during the month, and will receive due notice hereafter: Medical Publications Harvard Medical School; Ophthalmic Surgery, Carter and Frost (Lea Bros. & Co.); The Prescription, Otto A. Wall (Aug. Gast Publishing Co.); Pleurisy and Pneumonia, G. M. Garland (Geo. S. Davis); Original Re-

searches in Mineral Chemistry, J. Lawrence Smith (John P. Morton & Co.); Diseases of Women, Byford (P. Blakiston, Son & Co.); Diseases of the Nervous System, Gowers (P. Blakiston, Son & Co.); Atlas of Venereal and Skin Diseases, by Prince A. Morrow, A. M., M. D. Fasciculus V. Quarto with five chromo-lithographic plates. [New York: Wm. Wood & Co. 1888. Price \$2.50, per fasciculus; The Rectum and Anus: Their Diseases and Treatment. By Charles B. Ball, M. Ch., Univ. Dubl., F. R. C. S. I.; with 54 illustrations and 4 colored plates. 12 mo. pp. 410. [Philadelphia: Lea Bros. & Co.—The Hygiene of the Skin, or the art of Preventing Skin Diseases. By A. Ravogli, M. D., 8vo. pp. 399. [Cincinnati: Central Medical Publishing Co. 1888.—The Infectious Diseases. Vol. I. By Karl Liebermeister. Translated by E. P. Hurd, M. D., 12 mo. pp. 141. Physicians' Leisure Hour Library. Geo. S. Davis, Detroit. 25cts.

The American Anthropologist.—This journal made its initial appearance with the first of the year, but owing to some misdirection or other error in the U. S. mail, failed to reach our table in time for an earlier notice. It is a large octavo of 96 pages and will henceforth appear quarterly, under the editorship of a committee appointed by the Washington (D. C.) Anthropological Society, now consisting of Prof. J. Howard Gore, Thos. Hampson, R. W. Henshaw, Prof. O. T. Mason, Dr. Washington Matthews, S. V. Proudfit and Col. F. A. Seely. The present number contains an essay on the Law of Malthus, by Dr. Jas. C. Welling; one on the Development of Time-keeping in Greece and Rome, by F. A. Seely; one on Anthropological Notes on the Human Hand by Dr. Frank Baker, and one on the Chane-abal ("Four languages") Tribe and Dialect of Chiapas, by Dr. D. G. Brinton. Although the journal is published under the auspices of the Anthropological Society of Washington, as stated, and forms a continuation of the Transactions formerly published by the same, it will not rely exclusively upon the transactions, but hopes to attract to its pages all who are interested in anthropological science. Articles are promised for ensuing numbers from Dr. Mayer, director of the Dresden Museum of Anthropology and Ethnology, Maj. J. W. Powell, director of the U. S. Bureau of Ethnology, H. H. Bates, of the U. S. Patent Office, and others

equally well-known. The subscription price is \$3 per annum or one dollar for each separate number. We sincerely hope that a liberal support will be extended to this publication, which is one creditable in every way to American Anthropological science. All communications should be addressed to Thos. Hampson, Washington, D. C.

The Following Reprints Have Been Received.—The Toxic Effects of Iodoform, Cutaneous and Systemic, by R. W. Taylor, M. D., (Reprinted from *New York Medical Journal*, Oct. 1, 1887.); Tubercle of the Testicle, by R. W. Taylor, M. D., (from the *American Journal of the Medical Sciences*, Jan. 1888.); On the Mode of Development and Course of Molluscum Fibrosum and on the Question of its Relation to Acrochordon and other cutaneous outshoots, by R. W. Taylor, M. D., (Reprint from *Journal of Cutaneous and Genito-Urinary Diseases*, Feb. 1887.); A Further contribution to the Study Molluscum Fibrosum, Etiology, Fibromatous Infiltration and its Relation to Keloid, by R. W. Taylor, M. D., (Reprinted from *Journal of Cutaneous and Genito-Urinary Diseases*, May, 1887.); Xeroderma Pigmentosum and its Relation to malignant New-Growths of the Skin, by R. W. Taylor, M. D. (Reprinted from the *Medical Record*, March 10, 1888); Clinical Notes on Pruritus, by L. DUNCAN BULKLEY, A. M., M. D., (Reprinted from the *Journal of Cutaneous and Genito-Urinary Diseases*, Dec., 1887.)—Infant Feeding, especially with Reference to Subjects with Infantile Eczema. By L. DUNCAN BULKLEY, A. M., M. D., (Reprinted from the *Journal of the American Medical Association*, Oct. 15, 1887); Milwaukee Sanitarium for the Treatment of Nervous Diseases, Report of Superintendent for 1887; Three Unusual Cases of Diphtheria, F. C. Fernald, M. D. (Reprint from *Medical News*); Pleurisy and Empyemia, F. C. Fernald, M. D. (Reprint from *Journal of Amer. Med. Association*); Extraction of Cataract as influenced by Mycological Development, by David Prince, M. D.; The Physiological Argument in Obstetrical Studies and Practice, by A. F. A. King, A. M., M. D., (Reprint from *American Journal of Obstetrics and Diseases of Women and Children*, Apr. 88). Reports and Statistics of the Meteorology of the city of Oakland, Cal. for 1887; An Antiseptic Atmosphere; Club Foot, A Rectal Obturator, Plantoplasty—by David Prince, M.

D. (Four reprints in one cover, from ST. LOUIS MEDICAL AND SURGICAL JOURNAL); Pneumonia, Its Mortality and Treatment, by Henry Hartshorne, M. D. (Reprint from *Transactions of the College of Physicians of Philadelphia*, 1888); Second Annual Report New York Cancer Hospital, 1886-7; Cornell University Register, 1887-88; What is the legitimate Scope of Gynecology? by Walter Coles, M. D. (Reprint *St. Louis Courier of Medicine*); The Trituration of Alkaloids.—A paper read by Edwin Pynchon, M. D., before the Chicago Medical Society (Reprint from *Western Medical Reporter*, May, 1888); Stricture of the Urethra, Urethrotomy under Cocaine Anæsthesia, by Henry J. Reynolds, M. D., (reprint from *Western Medical Reporter*, April, 1888); A New Method in the Treatment of the Vegetable Parasitic Diseases of the Skin, by Henry J. Reynolds, M. D., (read before the Section on Dermatology, 9th Int. Med. Congress).

Melange.

An International Congress of Dentists will be held in Paris in 1889.

The Number of Delegates registered at the American Medical Association meeting was about 1,200.

The Dosimetric Method, according to Bartholow, is crude and its adherents do not base their modes of treatment on a true scientific basis.

Augusto Michelacci, Professor of Skin Diseases and Syphilis in the Royal University of Florence, died recently, at the age of sixty-three.

The Section on Otology and Laryngology was one of the sensible moves made by the Association, if rhinology had been added it would have made the section more complete.

Medical Journals will now have *fat* for some time to come. The proceedings of the American Medical Association ought to furnish matter through the summer months and then the American Congress of Physicians and Surgeons will keep them jogging on through winter.

Edward Greely Loring, the well-known American ophthalmologist died suddenly in the street in New York, on April 23d, last. Dr. Loring was an earnest and laborious worker. He was one of the few eminent physicians of this country who was not connected with a medical college.

Editorial Myopia.—It is a well observed fact that in every trade or profession certain surroundings attached to the business itself give rise to diseased conditions peculiar to that trade or profession. In medical journalism we have observed that some editors seem to be afflicted with a condition that is entirely peculiar to the craft and which, for the want of a better name, we have dubbed editorial myopia. An illustrative case will perhaps describe the condition better than any long, discursive description. A number of our esteemed cotemporaries are still engaged in reproducing that ancient misrepresentation relating to an enormous fee received in this country by Dr. Unna. Had these good souls read the JOURNAL as they ought, they would have seen in our February number what Dr. Unna himself had to say on the matter, "that it was an unmitigated falsehood made out of the whole cloth."

The Mississippi Valley Medical Association.—The next annual meeting of the Mississippi Valley Medical Association will be held in the hall of the St. Louis Medical Society, Seventh and Chestnut streets, St. Louis, Mo., September 11, 12, and 13, 1888. The officers are: Dudley S. Reynolds, M. D., President; Alexander Dunlap, M. D., Springfield, Ohio, Young H. Bond, M. D., St. Louis, A. R. Jenkins, M. D., Henderson, Ky., H. C. Fairbrother, East St. Louis, Ill., Dan. A. Thompson, M. D., Indianapolis, Ind., Vice-Presidents; J. Lucius Gray, M. D., Chicago, Permanent Secretary; A. H. Ohmann-Dumesnil, M. D., St. Louis, Treasurer.

All members of the regular profession, more especially of the Mississippi Valley are invited to be present. The Association is one of the best working societies in the country; and, it is more than probable that sections will be organized this year, on account of the large amount of material which must be handled.

Advertisers in their anxiety to take advantage of the fads of "popular science," so-called, sometimes overdo the thing, and make assertions which, when analyzed by common sense, make the authors appear either as willful perverters of the truth or men ignorant of the scientific principles of which they prate. Thus a proprietor of a certain brand of soap most disinterestedly warns everybody and his wife, that soap-makers (all except the advertiser) use any decaying animal fats that they can get hold of, regardless of the *terrible* maladies of animal origin which they are thus spreading broadcast in innocent households. He quotes the micrococci and bacilli, the bacteria and "germs" of glanders, anthrax, and other diseases, and tells how dreadfully insidious they are, blissfully forgetful that the processes of boiling and cooking absolutely essential in soap-making (of the sort to which he refers), would utterly and completely destroy any such organisms were they

a hundred-fold more tenacious of life than they really are. Another, a manufacturer of tooth brushes, warns the public that an ordinary tooth brush that has been used a month, if examined by the aid of a microscope would show a menagerie of animals to which Barnum's would be a trifle. These statements and similar ones serve only to make their authors ridiculous.

An Old and Reliable Agency.—We have received a circular announcing the removal, into new and very much enlarged quarters, of J. H. Bates, one of the oldest, most enterprising and reliable of the great advertising agents of this country—a fact that can be attested by every medical journal of any standing on this side of the Atlantic. Mr. Bates commenced his career in 1863,—a quarter of a century ago, with S. M. Pettengill, who long since retired from business, but who still survives, enjoying a green old age in health and comfort. During these years Mr. Bates has paid the newspapers and journals of the United States and Canada *over fifteen millions of dollars*, and in the circular referred to states that in no single instance has any just claim on him been allowed to linger unpaid. The new quarters will be worthy of the greatest advertising house of the world (and that is what Mr. Bates' is), being situated in the spacious Potter block, 15 Park Row. Here he will be happy to see all of the craft, and all those wishing to avail themselves of the "craft's" paper and printer's-ink, and will show them what enterprise, honor and strict attention to business will do for a man who sticks to them. We cordially recommend him to all publishers, having written above only what our own experience has proven to be true.

Kreolin the New Antiseptic.—General staff-surgeon Neudörfer, of the Austrian army, declares, according to the *Pharmaceutische Post* for April 8, that "Kreolin, according to the present appearances, is destined in the near future to displace every other antiseptic now in use in surgery." "Kreolin," continues the surgeon, "is a preparation obtained from English coal by a process of dry distillation." These weighty statements, coming from so high an authority, set the well-known pharmacist of Brunn, Herr A. Gawalowski, of whose honesty, capacity and fidelity to science no one acquainted with German scientific literature of to-day can have the least doubt to the investigation of the new marvel of antiseptics. He found, in the first place, that the frankness of the manufacturers who vouchsafed the information as to the nature of kreolin, as given by Herr General Stabarzt Neudörfer, was only apparent, and that when he wanted to investigate it he was informed that "the steps in the manufacture of kreolin could, for obvious reasons, not be made public"—or in other

words that kreolin was a secret proprietary medicine. He then procured some of the antiseptic and found that it consisted of naphthalin, fluorescin, anilin, toluidin, carbolic acid (in the shape of carbolate of sodium), picric acid and a gummy substance the nature of which he had not absolutely determined at the date of his letter to the *Post*, but of which he had learned enough to say with tolerable certainty that it was guaiac. Gawalowski then declares kreolin to be a manufactured product, consisting, it is true, of many things "obtained from English stone-coal by dry distillation," but compounded after they are so obtained with the help of a resin-soap, probably guaiac-soap, a fat soap, caustic potash, carbolate of sodium, and liquor kali et natron creosotatus! So much for kreolin, and so much for Neudörfer! Even a despised "American doctor" would have hesitated a little longer, before giving such a tremendous advertisement to a new and unknown drug, than did this "General Stabarzt" of wonderful reputation.

Fluorescence of Fixed Fats.—We are indebted to a private letter from Dr. Tom Taylor, Microscopist of the Department of Agriculture, for the following facts concerning his latest investigations as to the nature of animal and vegetable fats—an investigation into which he was led, as is well known, by the efforts of the department to discover some sure and comparatively simple method of differentiating pure butter from the adulterated and manufactured articles. In the letter referred to Dr. Taylor says: "I have just finished my annual report, but it does not contain one-tenth of what I could have written on one of the most interesting subjects, viz: the fluorescence of the fixed fats and oils.

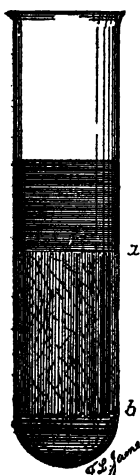


Fig. 52.

It is barely touched upon, and yet it is a discovery by means of which in a great many cases we may differentiate the fats and oils. For instance; when pure lard is treated for one or two minutes with sulphuric acid, c. p. and of a specific gravity of 1.705, its color changes to an orange brown; if compounded with cotton seed oil it becomes dark brown or blackish, and on pouring the mixture into a test tube, say 5 inches long by a half inch wide, the fat would appear on top of the acid. The latter will at first remain clear, but in the course of a day or two assumes a yellowish straw color. If horse-fat be present (instead of cotton seed oil) the acid, yellow by transmitted light, becomes green by direct illumination (reflected light), or in other words, is fluorescent. I have found about twenty other animal fats which have the same property. Without going into detail at present I will say that lard and the fats which we eat do

not do so. This fluorescence is directly in contradiction of Professor Allen English, who in his late work on Organic Analysis (Vol. II, page 1) says "the fixed fats and oils are not fluorescent. I have examined in the course of my experiments about 100 fixed fats and, as stated, find that at least 20 per cent fluoresce. During the course of my work I have discovered that most of the commercial and factitious lards on the market contain stearin and cotton seed oil. In explanation of the diagram sent herewith, the upper stratum to *a* represents the fat under test. Pure lard becomes rather more brown than the color painted in the sketch, and if it alone be present the acid remains colorless. If one of the fluorescing fats be present the acid will, when viewed by reflected light, show the characteristic green fluorescence in varying degree."

It will be remembered that Dr. Taylor first called attention to the now acknowledged fact of the peculiar polarization of butter crystals, and demonstrated that the microscope, with the polarizing attachment alone, is capable of demonstrating the minutest admixture of foreign fats. Under the able and conscientious management of Dr. Taylor the microscopical bureau of the Agricultural Department has been of incalculable service to the country, and we sincerely hope that, whatever be the political changes, nothing will be allowed to interfere in his continuance in charge of it.

Antipyrin and Spirits of Nitrous Ether.—The recently reported cases of death caused by the exhibition of antipyrin in spirits of nitrous ether, have directed the attention of numerous investigators to the subject. The *National Druggist* for May 15th, publishes an article on it and introduces letters from Mr. H. Hoelke, the expert and well-known pharmacist of Park and Mississippi avenues, and Mr. Julius Fahlen of the Southern Hotel Pharmacy, both of whom call attention to the dangerous nature of the compound. In the article referred to, it is stated that when antipyrin is dissolved in spirits of nitrous ether the solution, clear at first, soon becomes a bluish green and after standing awhile deposits a copious crop of vivid green crystals. Some of these crystals were sent to Dr. Frank L. James, the editor of the *National Druggist* for microscopical examination.

Fig. 53 is an engraving from a photomicrograph of a slide of these crystals mounted in glycerin. Mr. Hoelke thought, however, that this picture would be likely to be misleading, inasmuch as the crystals had been mashed and broken in the mails before being photographed. He thinks that the typical crystal is the acicular, like that shown above the X in the cut, and suggested to Dr. James to photograph some freshly precipitated crystals, which he did. They are shown in

Fig. 54. It will be seen that while the acicular form re-

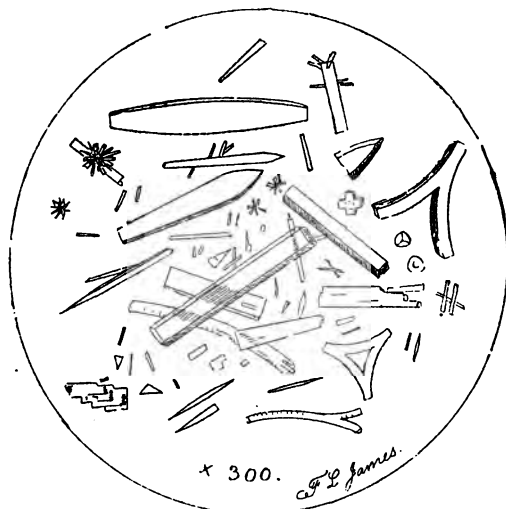


Fig. 53.

ferred to is more plentiful in the freshly precipitated crystals, the other forms are also present though not in such great numbers. These crystals are stated in *Liebig's Annalen* to be isonitroso-antipyrin and to have the formula $C_{11}H_{12}N_2O + HNO_2 = C_{11}H_{11}N_3O_2 + H_2O$. Both Mr. Hoelke and Mr. Fahlen have promised to continue the investigation as to the toxicity of the material, and we await their report with interest.

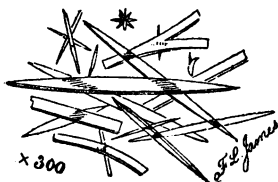


Fig. 54.

Differential Diagnosis of Fœtid Breath in Ancient Times.—In the *Archives de Laryngologie*, M. Bourrian, Director of the Archæological Mission at Cairo, tells the following curious story, which he states is translated or paraphrased from an Arabian book entitled "The History of the king El Iskander of the Two Horns." We translate it freely as follows: The princess Nahil, daughter of Philip of Macedon, was conducted by the ambassador Louka to Darius, the King of Persia, who was pledged to marry her. On witnessing her beauty for the first time Darius said to his attendants "Dismiss the slaves and women in waiting and go you with them." Then, as soon as they were alone, inflamed with love he enjoyed her person instantly, afterwards holding her close against his bosom. All at once he perceived a disagreeable

odor which seemed to proceed from the mouth of the princess, and which was so vile that it even overcame the perfume of the camphor which burned in the censers. Darius descended from his couch and went to his tent and summoned Louka, the ambassador. As soon as they were alone he recounted all that had passed, not forgetting the odor which he had perceived. Upon the advice of Louka he caused a council to be called of all the sages and doctors of medicine who chanced to be within his immediate mandate, and they assembled to the number of eighty—forty doctors and forty sages and philosophers. Louka made choice from among them of ten doctors, very learned in medicine, and ten others who were still more learned, and the twenty were brought to the king, before whom they fell and kissed the earth. Darius paid them honor, and said "Who among you can cure the bad odors which proceed from the mouth of a young girl?" "Oh, king," said they, "Live forever! We must first know whether these odors proceed from the mouth or from the stomach. If they come from the mouth we can cure them promptly; but if they are from the stomach the cure will be more slow and troublesome. In order that we may for certain know whence they arise, cause a leaf of paper to be placed in her mouth, and then return the paper to us and we will be able to tell whether they come from the mouth or from the stomach."

As the doctors had said, so it was ordered. The princess, at the instance of her nurse, readily submitted to the test and chewed the paper which was presented to her. It was then put into a box of gold fastened with a thread of silver and was returned to Louka who awaited it. The ambassador took the box and started with it to the chief of the doctors, but while he was on the way he opened the box and smelled the paper. The odor seemed to him more horrible than that which exhales from the dead when decaying. He closed the box and delivered it to the doctors and savants. They looked at the paper and finally burned it, and then held a consultation. The result of their deliberations was that they declared that the odor came only from the mouth and that the cure would be prompt if they could find the right medicine. This remedy was a plant called Iskanderieh, which they searched for and soon found. The chief of the doctors took a sufficient quantity of the herb and directed how it should be used. "The princess," said he, "must gargle her mouth with water, and then she must rub the interior with this herb pounded to a powder and passed through a sieve. Thrice daily for three days must she do this, and she must not spit while the herb is in her mouth, nor must she eat of meat during the treatment." The young girl obeyed the doctors with joy, and at the end of three days she was well. The odor disappeared so completely that none could believe that it had ever existed!—This ends

the story, but we would like to have seen the bill that that lay-out of doctors and sages presented to Darius on the "first of next month," and, come to think of it, we would not mind having a few pounds of Iskanderieh in stock just to try on some people whom we have known and had to treat.

Local Medical Matters.

Dr. Bransford Lewis, Assistant Superintendent at the City Hospital, was confined to his bed for several days, in May.

Frank F. Leman, formerly with the Hernstein & Prince Surgical and Optical Co., is now the sole agent, for the celebrated Allen Surgical Pump, for Missouri and Kansas.

Death of Dr. Laisel L. Papin.—As we are going to press we regret to chronicle the death, on May 27th, of Dr. Laisel L. Papin, son of Dr. T. L. Papin, a well-known physician here..

Leopold Hoff.—We had the pleasure of meeting a few days ago Mr. Leopold Hoff, of Hamburg, Germany, the proprietor and manufacturer of the world renowned, Hoff's Malt Extract, and who is in this country on a tour, renewing old acquaintances made on a prior visit some twenty years ago. Mr. Hoff was accompanied on his visit to this city by Mr. Thomas F. Main, a representative of the great New York house of Tarrant & Co., who are the sole agents of Hoff's Malt Extract in this country. He carried with him a huge scrap book in which were contained the original certificates given by many eminent men attesting to the virtues of Hoff's Malt Extract, and copies of the German court documents showing the course of the litigation which Mr. Leopold Hoff was compelled to institute against those who assumed the name and style of the original manufacturers of Hoff's Malt Extract. A glance at these will convince any reasoning man that the claims of Messrs. Tarrant & Co. that they are the sole American agents and distributors of the genuine Extract are absolutely unassailable, except by resort to the boldest of misstatements.

Death of Dr. W. B. Hazard.—Dr. Wm. B. Hazard, well-known in this city and abroad, departed this life, at his

home, on May 16th last. He was born at North Ferrysburg, Vt., March 20, 1843. When 19 years of age he went to the war and contracted a paralysis of both legs from the knees down. After this he studied medicine, graduating at Bellevue. In 1866 he came to St. Louis. He afterwards became superintendent of the Insane Asylum, a position which he occupied for several years. He afterwards became a member of the Faculty of the St. Louis College of Physicians and Surgeons, occupying the chairs of Practice and of Nervous and Mental Diseases until within one year of his demise. He was editor of the *Clinical Record* in which capacity he gave evidence of his capacity to wield a graceful and trenchant pen. He began failing in health about a year ago, organic kidney trouble being the disease to which he succumbed. Dr. Hazard was a favorite with the students, he was highly esteemed by his friends, both professional and otherwise, and was respected by all, for his unusual attainments. His loss is one which will be deeply felt and we offer our sincere condolences to his afflicted family.



The Sample Fiends at Cincinnati.—A scene sketched by our special artist.



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